

Advanced IC

Re-use vs single-use

Selecting intermittent catheterisation (IC) as a bladder management method may support patients in improving bladder health and quality of life (QoL).^{1,2,3,4} There is clear evidence to support single-use catheters over reusable catheters when it comes to QoL.



Extended re-use of catheters increases risk of bacteriuria⁵



There are no standardised cleaning procedures or re-use period (i.e. how long a catheter can be reused for)



Single-use catheters may be more practical since you spend less time cleaning⁶

Single-use IC requires less steps than re-use IC

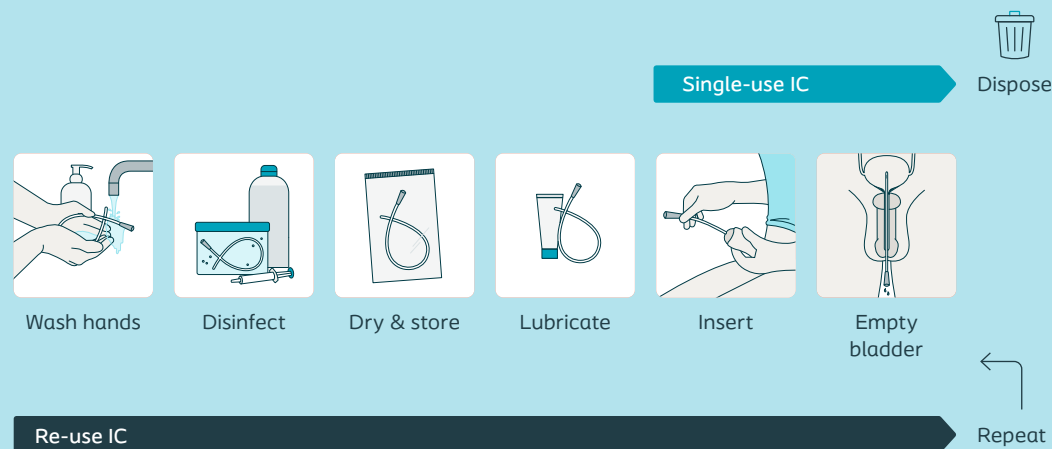
In a qualitative study of IC users' perspectives, the practicalities of cleaning methods (extra products, time and storage) were considered potentially burdensome for reuse. But for single-use, ease of use and instant usability were advantages.⁶

It is well established that the reduction of treatment burden and regimen complexity is associated with better compliance and improved persistence on treatment.⁷

Chunghong | IC user



Catheterisation steps single-use vs. re-use IC



Poor hygiene and poor technique

There is currently no standardised cleaning and sterilisation procedures for reusable catheters. There is also no recommendation for the amount of times a catheter can be re-used. There are concerns in the literature over the efficacy of, and compliance with cleaning techniques for reusable catheters.

Reusing catheters may increase risk of bacteriuria. Some studies also show increased bacteriuria in patients who re-use their catheters, which is a potential precursor for a UTI. In a study by Kanaheswari, the authors saw increased bacteriuria with extended re-use.⁵

Single use has higher adherence

When looking at adherence rates for re-use IC and single-use IC, it seems that single-use has a higher rate of adherence.

In figure 1, it seems that re-use IC leads to a low rate of adherence to treatment in spinal cord injury patients.⁸

In figure 2, it seems that single-use IC has a high rate of adherence to treatment.⁹

Clearly the findings of the two studies cannot be directly compared. However, the results may indicate that adherence to single-use IC was more pronounced compared with that of re-use IC.

Single-use IC has improved QoL

Among spinal cord injury (SCI) patients, preparing catheters for reuse has shown to be time-intensive and difficult for those with higher SCI level, severity and more pronounced upper limb motor impairment, thus, potentially affecting patients' daily lives and QoL.^{10,11}

In addition, switching from single-use catheters to reusable catheters has shown to negatively impact patients' QoL significantly.¹²



"I feel that hygiene should be given particular care, so for me, disposable catheters are better than reusable ones."

Takinori | IC user

Figure 1

In US patients, there was a significant decrease in re-use IC with time since discharge from rehabilitation – with a 50% reduction in the first 5 years.⁸

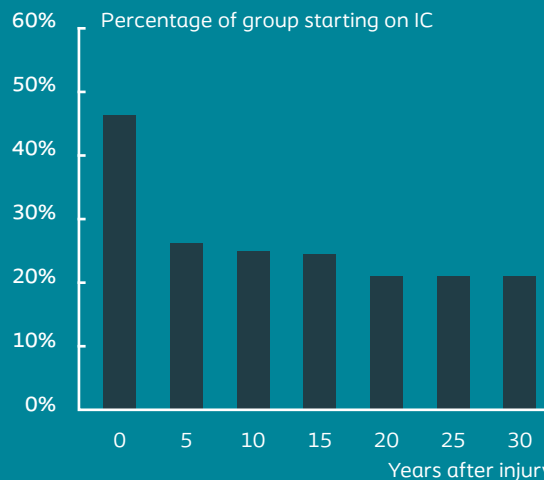
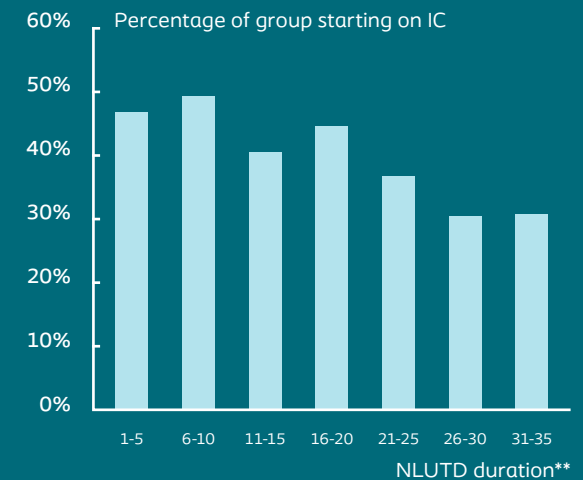


Figure 2

In Swiss patients, adherence to single-use IC treatment seems more stable with a slower reduction over time.^{9*}



*Bar graph is made from visual decoding of figure 1 in the article referenced.
**Neurogenic lower urinary tract dysfunction

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Coloplast A/S, Hølstedam 1
3050 Humlebaek, Denmark

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