

Letter to the Editor

Spinal Cord (2002) 40, 490. doi:10.1038/sj.sc.3101358

Reply to Vaidyanathan *et al*

We appreciate comments of Dr Vaidyanathan and colleagues about our paper. Pressure ulcers are only one of several complications of a continuous indwelling urethral catheter. Indwelling catheter is associated with other frequent problems like injury to urethra, infections, stone formation, etc. Hence, intermittent catheterization is the best option for these subjects. However, intermittent self-catheterization is not feasible for people with quadriplegia or patients with paraplegia and poor trunk control. These patients require a caregiver to catheterize regularly.

As pointed out by Dr Vaidyanathan and associates, several patients do not accept this technique. Yavuzer *et al* reported that among subjects with spinal cord injury and on clean intermittent catheterization at discharge, 52% had discontinued this practice at follow-up.¹ Common reasons for poor compliance with clean intermittent catheterization include dependence on caregivers, severe spasticity interfering with self-catheterization, incontinence and lack of availability of external collecting devices. In our centre many subjects also do not accept this option when first offered. In our experience, it is possible to increase client acceptability by education and counselling. Our nurses conduct group education sessions as well as one-to-one

education for these subjects. Every attempt should be made to educate this group of spinal cord injured subjects, who are otherwise suitable for clean intermittent catheterization. A subgroup of patients would, however, still need continuous catheterization. Covering of the catheter with a soft cloth may be a suitable option. We do not have personal experience in this method. It is a welcome suggestion and may help in preventing ulcers due to catheters.

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References

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