

## EDITORIAL NOTE

# Editorial Note on: Quality of life and urological morbidity in tetraplegics with artificial ventilation managed with suprapubic or intermittent catheterization

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The comparison of intermittent catheterisation (IC) by another person and suprapubic catheterisation (SPC) is of high general interest. By retrospective analysis, the authors reason that there are fewer urological complications from SPC with unchanged quality of life (QoL) in high level, artificially ventilated tetraplegic patients. On closer inspection, however, this conclusion cannot be accepted without further discussion.

To judge QoL, the authors have used the incontinence-orientated ICIQ-SF. The Qualiveen questionnaire would have been more specific for spinal cord injury patients.<sup>1</sup>

With strict adherence to proper technique, fewer complications occur with IC. The European Association of Urology (EAU) therefore advise IC in their guidelines as standard practise.<sup>2</sup> In the above study, IC led to increased urethral lesions. Careful technique can reduce this complication.

An SPC is a permanent entry point for bacteria. Every patient with a SPC suffers at least one from UTI per year, sometimes febrile, catheter-associated septicaemia and pyelonephritis.<sup>3</sup> As this has not been taken into account, results of SPC look more favourable.

No descriptions of typical SPC complications, like skin infections at the entry point of the SPC, leakage, or complications of fitting and problems with changing a catheter were given.

More serious complications of SPCs, such as stone formation,<sup>3</sup> are discussed, while their consequences such as catheter blockage necessitating emergent exchange, bleeding or catheter dislocation are not. Though this was not observed in the study population, there is a risk of tumour formation in patients with long-term SPCs.<sup>4</sup> However, screening cystoscopy was not performed. Urodynamic examinations are not mentioned. Dysreflexia and decreased bladder capacity/compliance are likely in SPC patients.

In artificially ventilated, high-level tetraplegics, the indications for an SPC should be considered in the light of the above complications. It can be an effective treatment for selected patients with proper monitoring.<sup>5</sup> IC with adequate technique has several advantages, and should therefore be recommended if the technique is socially feasible.

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