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The use of CIC in the treatment of bladder dysfunction in infants and small children with normal urethral sensibility; How difficult is it?

Ewa Sölsnes, Anna-Lena Hellström, Ulla Sillén

The use of clean intermittent catheterisation (CIC) in infants and small children with normal sensibility is by many regarded as contraindicated, especially in boys who has a thin and long urethra. In this study we report our experience of the method from a urotheapeutic point of view in a group of children with congenital high-grade reflux and bladder dysfunction.

Material and method

20 children, fifteen boys and five girls with high grade vesicoureteral reflux and bladder dysfunction were included. Indication for start of CIC was high residual urine after voiding in combination with recurrent symptomatic UTI.

They all had high bladder capacity. Age at start was median 11 months (range 24 -108).

The procedure was initiated by a urotherapist. Education and instructions of the parents were started by showing a film demonstrating the procedure, before they started to catheterise the child under surveillance. The older children were afraid of the unfamiliar situation and thy anticipated pain, which also meant an active work with the child including for example catheterising of dolls. During the treatment period the family had frequent contact with the urotherapist for support and discussion of problems.

Results

Traditional PVC catheters with strait tip could be use in all cases.

The time needed to get the treatment functioning was median. (range.)

Time consumption varied, most according to the age of the child i. E. Older children – longer time. None of the children had complications from the urethra during the follow-up period. Motivation was a problem in two girls, they both refused further catheterisations at the age of ... Only two had recurrent UTI after start catheterisation which should be compared to the rate before when all had recurrences. Only one boy and one girl still catheterise at an age of 9 and 7 years respectively (both poor kidney function). The other 18 children have been able to stop the treatment at an age of median 48 months (range 24-108). The latter children had from the age of potty-training actively been instructed to void regularly and in some cases during nights (if high morning volumes) and thus at follow-up they had good voiding habits hat counteracted the high capacity bladder seen in these children.

Conclusion

CIC is possible to perform in small children with normal sensibility, without urethral complications and without problems with UTI. Furthermore, children before age of one year is easiest to start since they are not afraid of the situation. The treatment also needs an organisation where the family can get continuous support, motivation and help with problems. However, the treatment is a commitment of the family that is substantial and should be used only in very selected cases.