



Incidence and impact of urinary tract infections (UTI) when starting Intermittent Catheterization (IC) and the affect on quality of life (QOL)

Nr: 4

H.J. Mulder, Martini General Hospital Groningen the Netherlands

Introduction

Poor bladder emptying is a common phenomenon in urology.

In patients with incomplete bladder emptying IC is the golden standard to protect bladder and renal health. Catheterization can cause an introduction of bacteria into the bladder and lead to UTI.

Recent literature* states that approximately 30% of IC patients get bacteriuria and 7-10% of the patients using IC will get a UTI and need to be treated with antibiotics. However, this number seems to underreport the number of UTI found in daily practice of approximately 25 %.

Suffering from an UTI influences patients' quality of life **.

*Rew : 2003, **Ellis: 2000

Method/materials

We determined the incidence and impact of UTI in patients starting IC using a multi-centre prospective observational study in four large general hospitals in the Netherlands. Subjects were followed if possible for 1 year.

At each study visit, a urine analysis was done and the subjects completed a questionnaire (Rand 36 and Kings healthcare).

Visits at base-line after one, three and twelve months. A random sample of subjects were interviewed.

Definition

A UTI in this study is defined as: the combined outcome of bacteriuria (10^5 CFU/ML) and pyuria (>10 white bloodcells/mm³) and one or more of the following symptoms; frequency, urgency, dysuria, stranguria, fever or haematuria.

Results

Until November 2014 we analysed 139 subjects (76.3 % male, 23.7% female). Mean age 66.9 years. Within 3 months after starting IC, 26.4 % of all subjects got a urinary tract infection.

There was a significant decrease ($p=0,004$) of quality of life due to the bladder problems after 1 month starting IC.

Preliminary results did not reveal a correlation between a UTI and decrease in quality of life.

