

# A STUDY TO ASSESS THE SELF REPORTED PRACTICES REGARDING HOME CARE OF SUPRA PUBIC CATHETER AMONG PATIENTS ATTENDING UROLOGY OPDS

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**ABSTRACT:** Catheter associated urinary tract infections are common nosocomial infections in the hospital and nursing homes. It is also common in patients who are at home with supra pubic catheter. It is necessary to assess the home care practices of patients with suprapubic catheter. The present study was conducted by using quantitative approach with non-experimental descriptive research design. Total 80 patients with suprapubic catheter who were attending urology outpatient departments (OPDs) were selected randomly. Data collection tool included demographic details of patient and likert scale to assess the self-reported practices at home. The result showed that only 16.5% of patients with suprapubic catheter follow good practices whereas 83.75% of patients were in the average practice group regarding home care of supra pubic catheter.

**Index Terms**—Self reported Practice, Supra Pubic Catheter, Home care

## INTRODUCTION

Human urinary system consists of kidneys, bladder, Urethra. The kidneys play a major role in concentrating urine process, which travels through the ureters to the bladder, where it is stored. About 2.9 liters urine is formed in human body which is normal. Urine flow may be blocked by prostate enlargement or stricture urethra. Where a latex, polyurethane or silicone tube known as a urinary catheter is inserted into a patient's bladder<sup>1</sup>

According to national centre for health, Catheter related urinary tract contamination is at present one of the most widely recognized diseases. 30 days after the Suprapubic catheter insertion, bacteria in the urine may found in virtually 100percentage of patients<sup>2</sup>. Suprapubic Catheter is better than a Urethral Catheter as it has some advantages like if a suprapubic catheter becomes blocked, urine can drain via the urethra<sup>3</sup>

Suprapubic Catheter inserted directly into bladder through the abdomen just superior to the pubic bone. It is done when Urethral foley's catheter is not possible in chronic and acute condition<sup>4</sup>

Risks of having a suprapubic catheter include urinary tract infections, and bladder irritation. Patients may have an allergic reaction to the rubber that some catheters are made of. Long term use can also lead to the formation of kidney stones, blood in the urine, and swelling of the bladder. Catheters used over a period of time can also develop problems which make them very hard to remove and replace. Patients with lack of knowledge of caring of SPC can lead to the infections.

Each year around 5 million patients inserted with suprapubic catheter. CAUTI (Catheter associated Urinary Tract Infection) are common nosocomial infection in hospital and nursing home as well as patients who are in home if they do not take care properly. Nosocomial infections are bacteraia, candiduria. The risk will develop after 7 to 10 days of insertion if the proper care is not taken<sup>5</sup>

**Statement**“A study to assess the self reported practices regarding home care of supra pubic catheter among patients attending selected urology opds of sangli, miraj, kupwad corporation area.”

**Objectives:**1.To assess the self reported practices regarding home care of SPC

2. To find out the association between self care practices and selected demographic variables

**Procedure and methodology** A present study was conducted by using quantitative approach with non-experimental descriptive research design. The conceptual framework was based on Helen C. Erickson, Evelyn M. Tomlin and Mary Ann P. Swain was instrumental in developing the theory of “Modeling and remodeling. The reliability was done by using Split half method ‘r’ was calculated by using Karl Pearson’s formula coefficient ‘r’ of the questionnaire was 09. Validity was done from 20 experts.. Proposal with tool presented in front of ethical committee for permission. Total 80 samples were selected by Probability simple random sampling method. Pilot study was conducted with 10 samples and the study was found feasible. Final study conducted with same data collection tool. Data collection tool had self reported practice checklist assess the practice were assessed by using likert scale

A formal permission was taken from two major hospitals given the brief description about the study. A researcher personally approached the clients and informed consent was taken after verbal explanation about the study. Checklist was given to clients who were attending the Urology OPD; it took 15 to 25 minutes to collect the data from the individual sample.

**Result**

**Table 1: Distribution of demographic variables.**

S. N.	Variable	Groups	Frequency	Percentage
1	Age (Years)	below 50	5	6.25
		51-60	15	18.75
		61-70	35	43.75
		71 & above	25	31.25
		Female	2	2.50
2	Diagnosis	BPH	41	51.25
		Bladder related diseases	11	13.75
		stricture urethra	21	26.25
		spinchter stenosis	2	2.50
		urethral abscess	5	6.25
3	Duration of SPC	1 week	0	0.00
		2 week	9	11.25
		3 week	40	50.00
		4 week	31	38.75
4	Education	Primary	52	65.00
		Secondary	26	32.50
		Graduate	2	2.50

According to age of the patients in the study 43.75% patients from the 61-70years and 31.25% from the age group 71 & above years of age. 51.25% of the patients had benign prostate hypertrophy (BPH), Majority of the patients had three to four weeks of duration since SPC insertion.

**Table 2: Analysis of self-reported home care practices**

Questions	Yes		No	
	Freq.	%	Freq.	%
Hand washing before and after handling catheter	67	83.75	13	16.25
Betadine application around the catheter	46	57.50	34	42.50
Measurement of urine output	48	60.00	32	40.00
Doctor consultation if complications	49	61.25	31	38.75
Check the urine flow regularly	47	58.75	33	41.25

83.75% patients do hand washing before and after handling supra pubic catheter whereas only 57.50% apply betadine around the catheter once or twice in a day. Only 60% of patients measure output daily and 61.25 patients consult doctor if any complications arise like fever or pus in the catheter.

**Table 3. Analysis of self-reported practice**

Self-reported Practice	Grade	Practice score	Frequency	Percentage
	Poor	0-5	0	0.00
	Average	6-10.	67	83.75
	Good	11-15.	13	16.25

For the assessment of self reported practices regarding home care of supra pubic catheter among patients attending selected urology OPDs, the practice scores divided in to three groups poor (0-5 score), average (6-10 score) and good (11-15 score).

In the practice, 83.75% of patients were in the average practice group and 16.25% of patients were in the good practice group, regarding home care of supra pubic catheter.

Discussion:

Sweeney A, Harrington, Button et.al conducted a descriptive study to estimate the experience of people living with a supra pubic catheter for long term. The insertion of supra pubic catheter brought significant life changes. In this study it was found that patients were not adequately prepared or educated to live with supra pubic catheter<sup>6</sup>.To prepare patients adequately staff nurses should have proper knowledge and practices. One of the study conducted

on staff nurses by Pandhare SP, Dhudum B showed that planned teaching program was effective on improving nurses knowledge and practices.<sup>7</sup>

There are very less studies on SPC and its care. Most studies focused on clinical urologic issues rather than patient understanding of suprapubic catheter management, satisfaction, stoma and skin care, or health related QoL<sup>8</sup> Further studies are needed to elucidate efficacy from patient point of view and effective home care of SPC.

### **Conclusion**

The aim of the study to assess the self reported practices regarding home care of supra pubic catheter among patients attending selected urology OPDs. The result showed that only 16.5% of patients with suprapubic catheter follow good practices whereas 83.75% of patients were in the average practice group regarding home care of supra pubic catheter.

To find out the association of self-reported practices and demographic variables the chi square test was applied. There was no significant association of demographic variables like age, education, diagnosis and duration of SPC with home care of supra pubic catheter.

### **Recommendation**

1. A similar study can be done on larger population for the generalization of findings.
2. Similar studies can be conducted and evaluated using alternative teaching strategies like interactive learning sessions, structured teaching programme.
3. A comparative study can be done among clients regarding knowledge on SPC care
4. A structured teaching programme may be used in the hospitals, so that the entire clients with the Supra pubic catheter can participate to improve knowledge regarding SPC care.
5. A descriptive study can be done among clients to assess the knowledge, attitude and practices regarding SPC care.

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