



Research Paper

Assessment of the Attitude and Quality Of Life of Men on Catheter and Associated Factors in Aba, South Eastern Nigeria.

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ABSTRACT

Catheterization is a routine medical procedure that facilitates urinary drainage from the bladder through the urethral or suprapubic route for diagnostic and therapeutic purposes.

As useful as it is, patients develop poor attitude towards it and it is associated with poor quality of life.

The aim of this study was to assess the attitude, associated factors and the quality of life of men in catheter attending outpatient clinics of busy health centres within the metropolis.

The study was cross sectional in design involving the use of structured questionnaires written in English language to men on catheters attending outpatient clinics.

A total of 300 questionnaires were given out with only 170 completed and returned.

The age range was 40 – 85 years with mean age of 75years. Of the 170 participants, the age group 71 – 80 had the highest number of 70 (40.18%) while the age groups 40 – 50 and 81 – 90 had the least number of 10 participants each (5.59%).

Of the 170 participants, those in urethral catheter were 140 (82.35%) while 30 (17.65%) were on suprapubic catheter. 78 (45.85%) showed mild bother, 65 (38.23%) showed moderate bother while 27 (15.88%) had severe bother.

Pains and discomfort on catheterization 60 (35.29%), inconvenience of carrying catheter, 40 (23.5%) and poor sexual relationship 35 (20.59%) constituted the major reasons for the poor quality of life.

Lack of finance 80 (47.09%) was the most common reasons for delay of corrective surgery.

The men on catheter had poor attitude to catheterization and it impacted significantly to the poor quality of life.

Keywords: Catheterization, Attitude, Quality of Life, and Aba.

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I. INTRODUCTION

Catheterization is a routine medical procedure that facilitates urinary drainage from the bladder through the urethral or suprapubic route for diagnostic and therapeutic purposes.

There are three (3) main forms of catheterization:

- Indwelling Catheterization
- Intermittent / Self Catheterization
- Condom Catheterization

Indwelling Catheterization involves the passage of a catheter for a short or long time, placed either through the urethral or suprapubic route into the bladder.

When a catheter is passed as an in and out procedure, it is said to be intermittent catheterization.

A condom catheter is used mainly for men with urinary incontinence and usually has no device application through the urethra.

Catheters may be spigoted or attached to urine bag in continual drainage such as:

- Gross haematuria
- Poor renal function
- Pyuria
- Incapacitated or bedridden patients.

Diagnostic indications for catheterizations include:

- Monitoring of urine output in critically ill patients
- Collection of uncontaminated urine for pathological examinations.
- Imaging of the urinary tract especially contrast studies.

Therapeutic indications include:

- Acute and chronic urinary retention
- Perioperative use in selected surgical procedures
- Unconscious, critically ill and bedridden patients
- Strict immobilization for fractures / trauma / surgeries
- Patients with poor renal function especially due to obstruction / post renal pathology.
- Assistance in healing of several perineal and sacral wounds in incontinent patients
- Diversion of urine in people with perineal abscesses and fistula.
- Patients with urethral injury where it is placed suprapubically.

Urethral catheterization is more common than suprapubic catheterization.

Indications for suprapubic catheterization include:

- Failure of urethral catheterization
- Presence of urethral injury suggested by trauma and bleeding per urethra.
- Diversion of urine in men with perineal abscesses and fistula
- In certain operative procedures.

As useful as catheterization is, it is associated with several complications and these are worse with:

- Unsterile or poorly sterile procedures
- Long term catheterization
- Poor techniques of catheterization
- Latex catheter instead of silicon catheter.

These complications include:

- Recurrent urinary tract infections and bacteraemia
- Bladder stone formation as it forms a nidus for stone formation
- Urethral injury with subsequent stricture formation
- False passages in the urethra leading to fistula formation
- Retained balloon fragments

- Gross haematuria
- Pains and discomfort
- Poor sexual life
- Poor quality of life
- Meatal strictures
- Hypersensitivity reaction to the urethra giving Toxic catheter reaction
- Noxious ammoniacal smell of urine, leading to poor social life.

Due to these numerous potential complications, catheters should be removed as soon as possible and therefore every effort must be made to deal with the primary pathology so as to wean patients of catheter.

II. METHODOLOGY

The study was cross sectional in design and carried out among adult males on catheter attending outpatient clinics of some health institutions within the metropolis.

The study involved the use of structured questionnaires written in English language and given out by doctors to men on catheter who completed and returned them.

Those with difficulty completing the questionnaires due to low literate level were aided by the doctors.

A total of 300 questionnaires were given out and only 170 were completed and returned.

The questionnaires contained questions and information on demographic valuables, date of initial catheterization, reasons for catheterization, their attitude and reasons for the attitude and reasons for delay in corrective surgery.

Data from the completed questionnaires were collated, analysed and interpreted.

INCLUSION CRITERIA:

Adult males presently on catheter.

EXCLUSION CRITERIA:

Men not presently on catheter during the study period were excluded from this study.

III. RESULTS

TABLE 1: SHOWING DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS (n = 170)

S/NO	VARIABLE AGE IN YEARS	OUTCOME
1	MEAN	75 years
2	RANGE	40 – 85 years

TABLE 2: SHOWING THE AGE GROUP CHARACTERISTICS OF THE PARTICIPANTS (n = 170)

S/NO	AGE RANGE (IN YEARS)	NUMBER	PERCENTAGE
1	40 – 50	10	5.89%
2	51 – 60	30	17.65%
3	61 – 70	50	29.41%
4	71 – 80	70	41.18%
5	81 - 90	10	5.89%
	TOTAL	170	100%

TABLE 3: SHOWING EDUCATIONAL STATUS OF PARTICIPANTS (n = 170)

S/NO	EDUCATIONAL STATUS	NUMBER	PERCENTAGE
1	PRIMARY 6 AND BELOW	60	32.29%
2	POST PRIMARY	80	47.06%
3	POST SECONDARY	30	17.65%
	TOTAL	170	100%

TABLE 4: SHOWING THE ROUTES OF CATHETERIZATION

S/NO	EDUCATIONAL STATUS	NUMBER	PERCENTAGE
1	SUPRAPUBIC ROUTE	30	17.65%
2	URETHRAL ROUTE	140	82.35%
	TOTAL	170	100%

Urethral route was obviously the more common route of catheterization.

TABLE 5: SHOWING THE ATTITUDE OF MEN TOWARDS CATHETERIZATION

S/NO	DEGREE OF BOTHER	NUMBER	URETHRAL	SPC	PERCENTAGE
1	MILD BOTHER	78	67	11	45.88%
2	MODERATE BOTHER	65	53	12	35.23%
3	SEVERE BOTHER	27	20	7	15.88%
	TOTAL	170	140	30	100%

FIGURE 1: BAR CHART SHOWING THE ATTITUDE OF MEN TOWARDS CATHETERIZATION

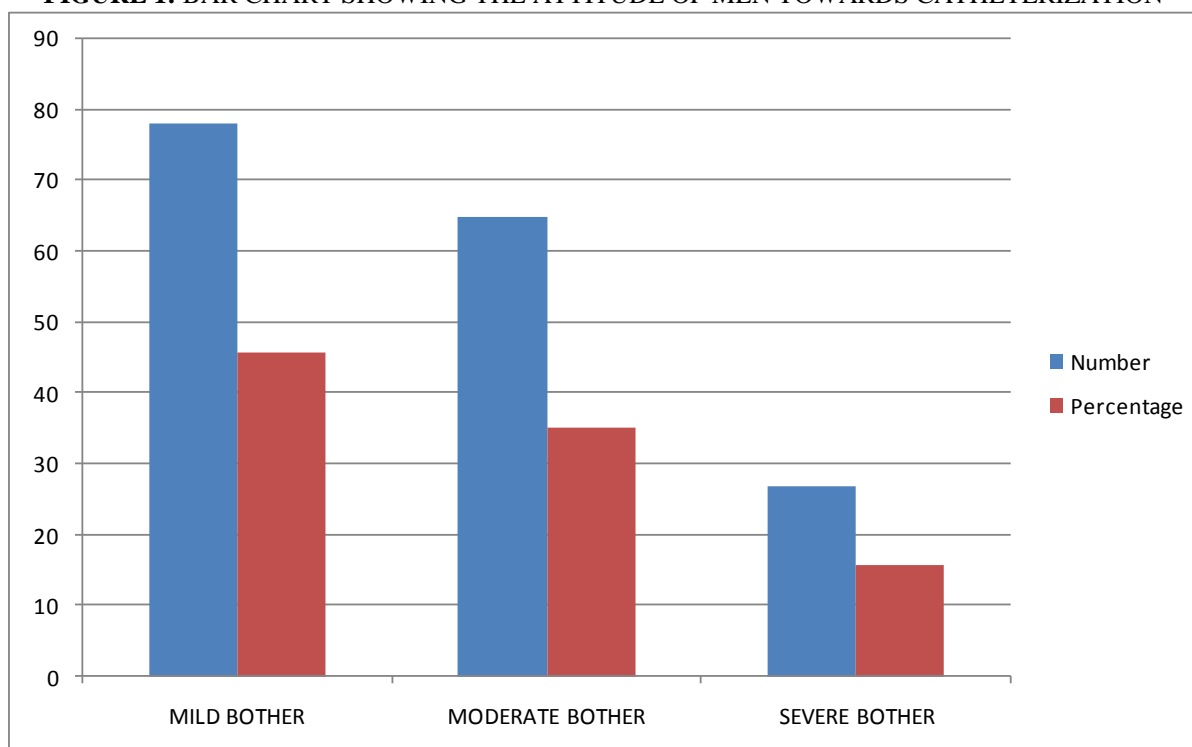


TABLE 6: SHOWING THE REASONS FOR THE POOR QUALITY OF LIFE

S/NO	SEXUAL DYSFUNCTION	NUMBER	PERCENTAGE
1	PAINS AND DISCOMFORT ON CATHETERIZATION	60	35.29%
2	INCONVENIENCE OF CARRYING A FOREIGN MATERIAL ABOUT	40	23.53%
3	POOR / ABSENCE OF SEXUAL RELATIONSHIP ESPECIALLY THOSE ON URETHRAL CATHETER	35	20.59%
4	OCCASIONAL SPILLAGE AND SOILAGE FROM SPC SITE / DISLOGDED SPIGOT	25	14.71%
5	INCONVENIENCE OF NOXIOUS AMMONIACAL SMELL OF URINE	10	5.88%
	TOTAL	170	100%

FIGURE 2: BAR CHART SHOWING THE REASONS FOR THE POOR QUALITY OF LIFE

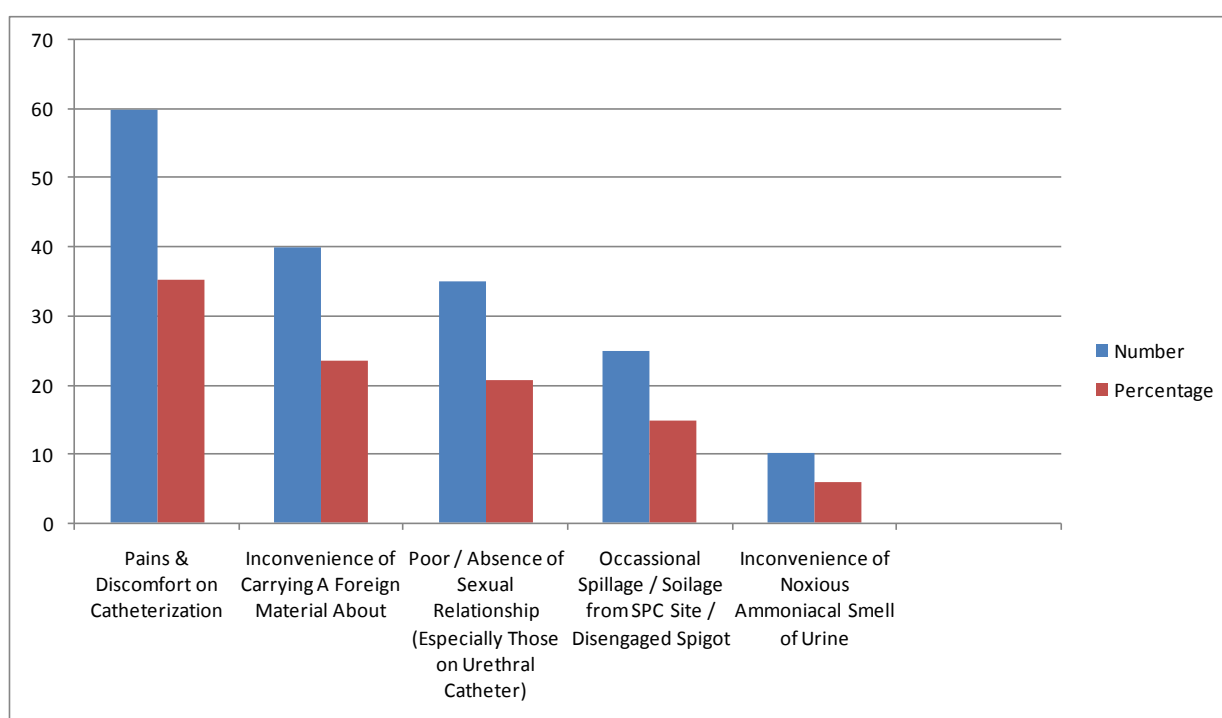
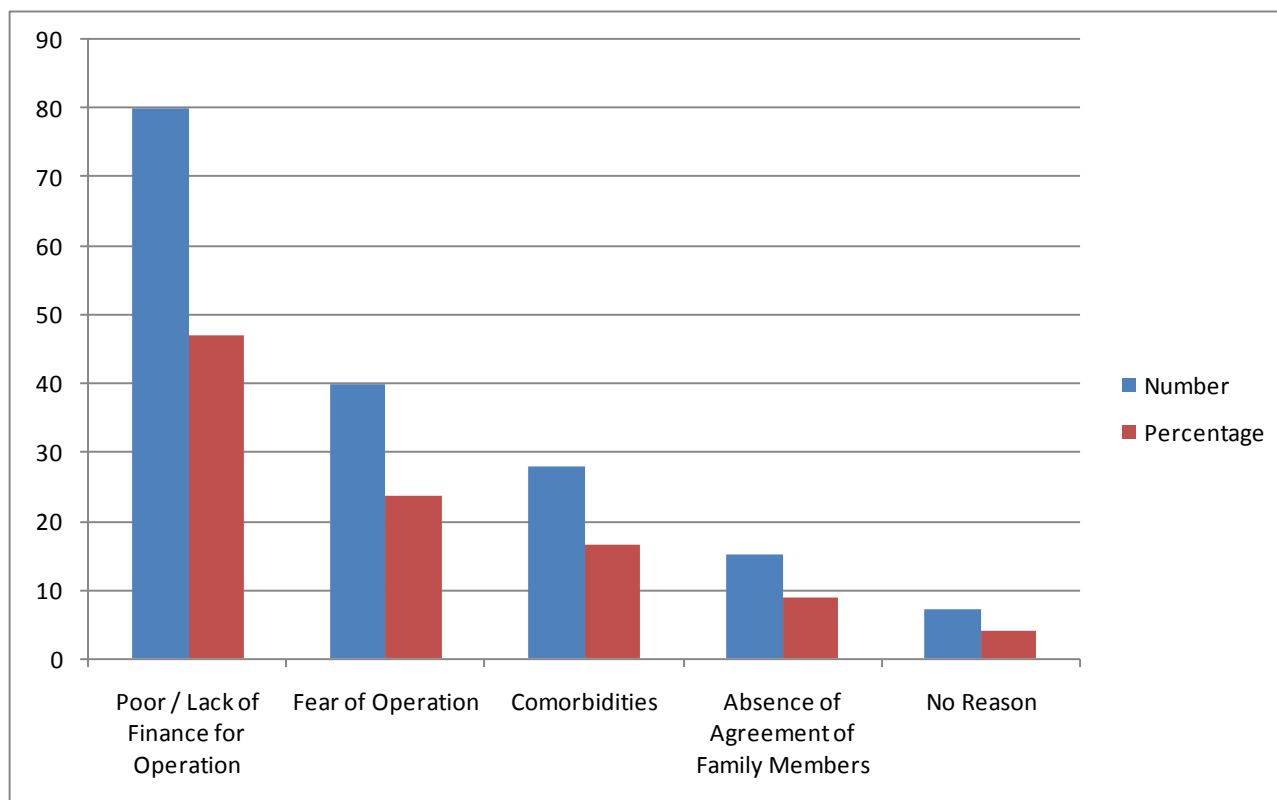


TABLE 7: SHOWING REASONS FOR DELAY OF CORRECTIVE SURGERY

S/NO	SEXUAL DYSFUNCTION	NUMBER	PERCENTAGE
1	POOR / LACK OF FINANCE FOR OPERATION	80	47.09%
2	FEAR OF OPERATION	40	23.53%
3	COMORBIDITIES	28	16.47%
4	ABSENCE OF AGREEMENT OF FAMILY MEMBERS	15	8.82%
5	NO REASON	7	4.12%
	TOTAL	170	100%

FIGURE 3: BAR CHART SHOWING REASONS FOR DELAY OF CORRECTIVE SURGERY



IV. DISCUSSION

Attitude to catheterization tends to describe the degree of acceptance of catheter placement whereas quality of life is multidimensional and complex concept describing an individual's perception of his situation in life with reference to the culture and value system of his society in relationship with their goals, expectations, standards and concerns.

It tends to ascertain the degree of departure from a normal lifestyle as a result of the catheter placement.

In our work, we found out that there was an appreciable degree of bother and resentment towards catheter use, and the major causes of poor quality of life included:

- Pain and discomfort
- Limitation of movement to social functions
- Poor sexual life which was obviously worse in men with urethral catheters
- Noxious ammoniacal smell which prevented closeness to friends, family members and social functions.

In a work by Ndomba et al on the life with indwelling urinary catheter: Experiences from Male Patients attending Urology Clinic at a Tertiary Hospital in Northwestern Tanzania: A Qualitative Study, they found out that the patients needed adjustments to positively live with a catheter.

Social interactions with others particularly relations and spouses were significantly affected. Wearing catheter without knowing when they would be freed from them, the patients or responders claimed they were like prisoners since they could not go to where they desired.

In a similar work by Kralik et al, responders felt socially and psychologically crippled as it affected their closeness to family members.

In a work by Allison Chapple et al, on How Users of Indwelling Urinary Catheters talk about Sexuality – A Qualitative Study. Some responders felt sex was no more an important aspect of their life because of their age, comorbidities or the catheter.

Others felt the catheter had affected their self-esteem, feelings of masculinity and how the catheter caused discomfort and pains during attempted sexual relationship.

In a similar work by Naglaa Youssef et al in the Quality of Life of Patients Living with Urinary Catheters and Its Associated Factors: A Cross Sectional Study in Egypt, they found out that 92.2% of the participants reported that having a catheter in place affected their daily life.

The negative impact of the catheter in both social activities and in going out of their houses was noted by 31.2%.

The most commonly reported problems were bladder spasms (51.1%), prevention of sexual activity (92.2%), pain and discomfort (63.8%).

A majority 68.8% felt they had adapted to life on catheter. 42.6% reported that the catheter had no effect on them going out.

From the above studies, it can be seen that patients have appreciable degree of resentment towards catheter use and the use of catheter significantly affects the quality of life of patients.

V. CONCLUSION

Men on catheter in Aba have poor attitude towards catheter placement. Indwelling catheter placement has a negative impact on their quality of life. Sexual relationships and procreation were severely affected by catheter use.

VI. RECOMMENDATIONS

- (1) Adequate counseling by health workers should be implemented.
- (2) Early institution of corrective surgeries so as to wean men off catheter.
- (3) Comprehensive education on the potential complications of indwelling urinary catheters should be given to patients.

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