

Background: To evaluate the clinical outcome and the problems of patients who have performed the clean intermittent self-catheterization (CISC) through detailed telephone interviews and then develop corresponding measures to solve.

Methods: In this study, telephone interviews were carried out in 48 patients who were diagnosed as detrusor underactivity from 2,011.1 to 2,015.9 and willing to receive CISC as treatment. They were asked to finish the micturition diary and answer questions from 4 questionnaires of which the first one was IPSS and the other 3 parts were ICDQ, InCaSaQ, and SF-36.

Results: Twenty-seven of the 48 patients completed the follow-up interview, and the median time of CISC is 18 months. The average frequency of voiding by catheterization was 3.7 times a day. After the intervention of CISC, the symptoms of voiding difficulty and chronic urinary retention in all the 27 patients were relieved. About 11.1% of the 27 patients experienced urinary tract infection. The average ICDQ score was 0.4 and 88.9% of them were satisfied with the current states and what they experienced after performing CISC. The average InCaSaQ score was 2.15. The average physical and mental score from SF-36 questionnaire was 76.9 and 79.2 respectively.

Conclusions: CISC is an easy-to-do operation that relieves retention effectively and protects upper urinary tract function. The incidence of complications is quite low and the influence on quality of life is moderate, making it easy to persist in the long term of bladder management. What is more, the timely follow-up and guidance by doctors or nurses is of great importance to improve the QOL and compliance.

Keywords: Underactive bladder; intermittent catheterization; complications; satisfaction; quality of life

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AB034. The application of comprehensive nursing measures to prevent catheter-associated urinary tract infection in urological patients

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Abstract: Section 1: definition of CAUTI & Introduction of epidemiology of CAUTI: catheter-associated urinary tract infection means after patients with indwelling catheter or occurred within 48 hours of urinary tract infection when pull out urethral catheter. UTI is one of the most common nosocomial infection. The 70–80% caused by indwelling catheter. There are 12–16% inpatients of adult hospital need to use indwelling catheter sometime after admission. Section 2: which harm can be caused by CAUTI: (I) prolong hospital stay; (II) increase hospitalization costs; (III) aggravate the disease. Section 3: diagnostic criteria of CAUTI: (I) clinical manifestation: the urge to urinate frequently, urgency to urinate and painful urination; (II) laboratory examination: routine urinalysis and bacterial cultivation. Section 4: risk factors of CAUTI: (I) the time of indwelling catheter; (II) high risk group; (III) susceptible link; (IV) hand hygiene. Section 5: prevention strategy of CAUTI: take comprehensive nursing measures to prevent catheter-associated urinary tract infection in urological patients. Section 6: summary.

Keywords: Catheter-associated urinary tract infection; comprehensive nursing; urological

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