

Poster presentation

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Increased cooperation for children with spina bifida in performing clean intermittent catheterisation (CIC) – a client centred, goal attained, intervention study

Katarina Allbrink Oscarson* and Ann-Christin Eliasson

Address: The Astrid Lindgren Children's Hospital, Karolinska University Hospital, S-17176 Stockholm, Sweden

* Corresponding author

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Background

Children with spina bifida often have urinary incontinence and therefore use Clean Intermittent Catheterisation (CIC) to empty their bladders. The children initially are helped in performing the CIC but later they are expected to manage this procedure by themselves. The task is not an easy one and the children might get too much assistance in toileting procedures too long a period.

The aim of this study was to examine and describe if and how a client-centred, goal attained intervention with specific sequential measurable objectives (short-term goals) could increase the children's co-operation in CIC.

Eight children with spina bifida living in two geographic areas were identified for purposes of this study.

Materials and methods

The data collection was inspired by case study format and contained field observations on two different occasions per child and a knowledge inventory with the parents and staff in question were utilised. Also assessments of caregiver assistance and film/photo/video of the different environments were incorporated into the study. Individual, specific objectives for the intervention jointly were established by the children, parents and therapists. The intervention was performed by the occupational therapist and the urotherapist together with the children, the caregivers and consisted of adaptation of routines, equipment, environment and practice.

Results

The results of this study describe the problems that occurred when the children performed the CIC and the

content of the intervention. The results of the six children were presented in parallel categories and differences between the first and the second observation were identified.

The results indicated that the goal attained and client-centred work was successful. As much as 31/39 and 37/39 of the objectives were fulfilled totally or partly. Half of the children increased their co-operation after intervention and also made progress in related areas. The results also indicated that there was unawareness *if* and *how* the children were allowed to participate in CIC. Parents and children kept CIC-routines from early childhood and did not change them as the children grew. Change in CIC routines occurred during intervention and an increased understanding of the importance of co-operation in CIC emerged. The working position was individual and was together with the environment of great importance for a successful occupational performance. In order to become increasingly involved, the toilet often had to be adapted in different ways. Some children were in need of specially designed equipment during the initial stage. Equipment that was gradually removed as the child increased his/her competence. Other children needed new equipment and some children a refurbished bathroom to increase their co-operation.

Conclusion

Occupational therapy and urotherapy in combination are successful when the focus is increased co-operation in CIC for children with spina bifida. This study revealed that children could become increasingly involved in CIC due to intervention and co-operation of the occupational therapist, urotherapist, parents and caregivers.