

The Lived Experiences of Male Intermittent Catheterisation Users After Using a New Micro-hole Zone Catheter: A Series of Case Stories

Karen Tomlin, RN¹, Christine Caddick, RN¹, Sabrina Islamoska, PhD², Rikke Vaabengaard, MSc², Trine Sperup, MSc³
1 Clinical Services, Coloplast Ltd, Peterborough, United Kingdom; 2 Medical Affairs, Coloplast A/S, Humlebaek, Denmark; 3 Clinical Strategies, Coloplast A/S, Humlebaek, Denmark

Introduction

The Micro-hole Zone Catheter (MHZC) is a recent innovation for intermittent catheterisation (IC), featuring >80 micro-holes for male IC users in contrast to conventional two-eyelet catheters. When new treatment options are introduced, users are often motivated to share their lived experiences of the change with their healthcare professionals (HCPs), providing important early feedback and indicators of real-world treatment impact. This project aims to record structured case stories from male IC users to generate hypotheses for future studies of the effects of MHZC use.

Methods

An interview guide was developed for specialised IC nurses in 13 countries to record lived experiences of male IC users who had switched from using conventional two-eyelet catheters to using MHZC for minimum six months. The questions related to the users' symptoms and HCP interactions associated with urinary tract infections (UTIs), their perception of the catheterisation procedure, and how their daily lives were affected by the choice of catheter.

Figure 1. Data collection process.



Case 1



- 78 years old Male
- Used IC for >6 years, SpeediCath Flex
- 8 months on Luja
- Bladder issue due to prostate cancer
- Urge, incontinence and nocturia
- UTI symptoms: strong smell, cloudy urine, discomfort in bladder, feels unwell generally
- UTI history: frequent UTIs, previously had trimethoprim at home for 2-3 years, now doing urinalysis for confirmation.

Started mixed use of SpeediCath Flex and Luja, but when only using Luja, no UTIs or symptoms were observed since starting. Has not taken any antibiotics since using Luja full time. Patient perceives overall flow to be better and perceiving that bladder is empty.

Patient feels a relief to have less UTIs and is sleeping better – now only wakes up 1 time/night vs 2-3 times/night before Luja.

Before Luja, he worried when not having medications and about complications if UTI is not treated promptly but feels better now after Luja.

Case 2



- 34 years old Male
- Used IC for >3 years, SpeediCath Flex
- 7 months on Luja
- Bladder issue caused by type 1 diabetes
- No urge and bladder sensation (up to 1.3 L urine)
- UTI symptoms: incontinence, urge, smell and back pain
- UTI history: in 2023, frequent UTIs, constant cycle of antibiotics 3-4 weeks, and sepsis twice.

After trying Luja, no UTIs observed. Returned to SpeediCath Flex due to GP decision and experienced UTI again after 5 days. In agreement with GP, patient started using Luja permanently.

Patient no longer feels need to reposition, bladder is emptied quicker, and no UTIs since starting Luja. This had a big impact on his wider family as anxiety about health has reduced. Especially, his child's physical and psychological reactions have improved.

Regular 3 months reviews in hospital have now changed to annual reviews.

Results/Conclusion

We present here the first two patient case stories of switching to MHZC use. Despite different medical histories causing their need for IC, similarities emerged in how they felt their lives were less affected by UTIs after using the MHZC. Both cases detailed the negative impact that UTIs had had on their physical and mental well-being but further described how they had experienced fewer UTIs since switching to MHZC use, which had helped to minimize their concerns. Collecting these lived experiences will inspire further research into the effect of catheter choice on the users' lives and well-being.