

INTRODUCTION

Sexual health for the client with an indwelling urinary catheter is an issue that has received little attention in both nursing practice and literature. More than twenty five years ago Hogan ⁽¹⁰⁾ wrote about her optimism that sexual health will become integral to nursing practice in the future. Hogan's vision was that nurses would be comfortable with their sexuality and dealing with the sexuality of others. She perceived nurses in the future as being able to assess an individual's sexuality in the same way as other basic needs, and predicted that they would be able to identify problems accurately and intervene appropriately. Atkinson ⁽²⁾ reflected almost two decades later that this vision does not appear to have been realised, despite more up to date studies and literature supporting the need for action. Sexual health is perhaps not given the same priority as, for example, pressure area care, where the cost-effectiveness of intervention is more apparent ⁽²⁾. Catheterisation has physical, mental and social implications far beyond permitting drainage of urine. Sex and sexuality is of particular importance. For the male client, for example, catheterisation is an invasion of his masculinity ⁽¹⁵⁾, whilst the sexuality of a woman with an indwelling catheter for continuous urinary drainage is seldom considered ⁽²⁴⁾.

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The following excerpt between a researcher and client describes the impact:

Having to have a catheter, how did that affect you and your wife's sex life?

"Well, when I got the catheter, it was obvious that sex life was to be ended..."

How did you feel about that?

"Well that's just the way things are, and there is nothing to do about it. But it isn't just the sex life that denotes a relation. And when you get there you understand it on a different level than you did earlier. The relation may benefit from it and nearness and warmth mean just as much ⁽¹¹⁾".

This newsletter focuses on the area of sexual health for clients living with an indwelling urinary catheter and suggestions for the provision of effective nursing care to this group of clients.

What is the issue?

Holistic nursing care and the continuum of life are about understanding the whole body, yet the topic of sexual health for clients living with an indwelling urinary catheter has been neglected within the scope of holistic nursing care ⁽⁸⁾⁽¹⁸⁾⁽³⁾⁽⁷⁾⁽⁶⁾⁽²⁾⁽²¹⁾. Literature and statistical data reveals that the use of indwelling urinary catheters is widespread and not unusual ⁽¹⁵⁾⁽²⁴⁾⁽²¹⁾. In modern Western society, sexual activity and the expression of physical intimacy are not visualised as an integral concept in a disabled or visibly ill person's life ⁽¹³⁾⁽¹⁶⁾⁽¹¹⁾⁽³⁾.

Human sexuality is a natural, unique and integral component of every person's identity. The World Health Organisation (WHO) defines sexual health as "the experience of the ongoing process of physical, psychological and socio-cultural well being related to sexuality". Sexual health encompasses a broader aspect of living and emotional expression than just the simplistic act of sex. Sexual health is a nursing issue and an indwelling urinary catheter is a fact of life for many people. Providing advice and assistance about learning to live with a catheter and maintenance of the equipment will most often fall to nurses.

Quality of Life

"The changed life continuum was first described with reduction and negligence, indicating a sense of giving up and accepting things as they were. Daily living with urinary, catheter and sexual life problems also meant *changed life quality*" ⁽¹¹⁾.

Arguably one of the most important aspects of living with an indwelling urinary catheter is quality of life issues and the impacting effect the mechanical device has on the autonomy, quality and continuum of life ⁽⁸⁾⁽³⁾⁽¹¹⁾. The physical impact of a mechanical device, such as a catheter, is critical to a client's body image, self-esteem and sexual health. Sexual health, when a client has a catheter, is an aspect of care not often discussed, but it might be of major importance to some clients and their partners. The reluctance by nurses to discuss this issue may be obvious and hence a barrier for clients wanting to discuss sexual health ⁽¹³⁾⁽¹¹⁾⁽⁷⁾⁽⁶⁾⁽²¹⁾. The literature identifies some of the causative barriers to open discussions with health professionals as being societal taboo, and media perception relating to sexual health in older people, education, fear and maintenance of self-image ⁽¹⁸⁾⁽¹¹⁾⁽¹⁹⁾⁽¹³⁾⁽²⁾⁽⁴⁾⁽⁶⁾⁽³⁾.

Sexual Health in Older People

Sexual activity continues across the lifespan, yet older people live in a society that perceives them as incapable of a sexual relationship and therefore not requiring of support, advice or education in this area ⁽⁵⁾⁽¹¹⁾⁽¹⁶⁾⁽²⁰⁾. Sexual health needs are often a delicate balance of emotional and physical issues, so the potential difficulty for client's when seeking advice is fraught with worry and concern about misconceptions. Atkinson ⁽²⁾ affirms that upbringing and belief imprinted in the formative years and societal values are deterrents to older people requesting advice as it is not necessarily the "done thing" and that this negative stereotype is supported in the media, where a positive image of ageing and sexuality is not portrayed ². During

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1998, the National Council for Aging conducted a survey of 1300 people of 60 years of age which revealed that sexual activity plays an important role in relationships among older men and women ⁽¹⁰⁾⁽¹⁵⁾.

Body Image

Milligan (15) stated "...sexuality merely meant sex...and not the broader range of issues such as body image and self esteem...". A considerable amount of literature is devoted to the individual topics of sexual health, catheter maintenance and catheter troubleshooting - proportionally less is devoted to a combination of both, and the effect on people's body image when living with an indwelling urinary catheter. People learning to live with the issue of a urinary catheter may feel unworthy of sexual attention from their partner. Hence ignoring the issue is unacceptable, particularly when clients have a diminished level of self-confidence relating to physical and sexual adaptations to the urinary catheter.

The maintenance of self-image is important and links inextricably to life content but is not related to age or gender ⁽¹¹⁾. Research reveals that a lapse of approximately twelve months occurs before a client may adapt to a form of aesthetic harmony when living with an indwelling urinary catheter ⁽¹⁹⁾. Experience suggests that the adaptation for some is far longer and not necessarily an acceptance but more a resignation. For these clients their body image seems irreparably impaired and tarnished ⁽¹⁹⁾⁽¹²⁾.

Ann considered how she could approach future sexual encounters, as this was unexplored territory for her:

"I'm sure it will come up one day but I don't know how to broach the subject (the catheter) really...I mean telling somebody who's meeting you in a wheelchair, that's quite embarrassing, so telling somebody about the catheter is totally off the wall" ⁽¹³⁾.

Self esteem

Self esteem refers to general feelings of self-worth. Loss or lowered self esteem is linked to an alteration in body image ⁽²⁰⁾.

Mary's response to her catheter:
"...oh how abhorrent, I can't bear it, it

was a dreadful thing to contemplate...then reality bites... and then ...I just went straight ahead" ⁽¹³⁾

Neil's response to his catheter:
"...the best word I can think you can use (is) not natural. It's not right..." ⁽¹³⁾

Reg's response to his catheter:
"...having a catheter in now stops me from doing a lot of things" ⁽¹³⁾

Other responses:
Having a catheter was good. There were no problems with that...when I wore jogging trousers I could even go outside for a walk" ⁽¹¹⁾

"I felt ridiculous. Having a tube hanging out down there. It was so abnormal" ⁽¹¹⁾

Betty called her urine collection bag her
"bundle of joy" ⁽¹⁹⁾

Dawn stated:
"It's OK as far as everything goes but it gets monotonous. You have to straighten your bag out or your pants. I get tired of that repetitive conversation but I do that because I don't want it to pull, that there is leeway, like with the hose" ⁽¹⁹⁾

These conversations impart emotive and powerful images of the reality of living with an indwelling urinary catheter; kernels of concern can be extrapolated relating to body image and self esteem despite the participants acknowledging the benefits the catheter brought to their lives. Part of the assessment process is to recognise and validate these concerns and address them early in the client/nurse relationship.

Myth, Misunderstanding and Disbelief

Research has identified that nurses and health professionals often avoid discussing sexual health and sexual activity in those clients living with an indwelling urinary catheter ⁽¹⁾⁽³⁾⁽⁹⁾⁽⁷⁾⁽⁸⁾⁽¹¹⁾⁽¹⁸⁾. Predominantly, issues of sexual health and the inclusion within nursing curriculum remain critical; to the lowering of barriers and addressing of this issue. Van Ooijen and Charnock ⁽¹⁷⁾ stated, "The important issue is for the topic to be on the agenda at all times and for nurses to realise that sexuality falls within the remit of holistic nursing care." Established research ⁽⁶⁾ proposes a lack of time and heavy workloads as limiting opportunities for discussion, yet importance must be placed on seeing any discussion around the topic of sexual health in those clients living with an indwelling urinary catheter as a fulfilled

opportunity for both parties. Nurses express their concerns over the lack of these opportunities and their sense of being poorly trained and ill equipped to deal with these issues comfortably yet express the need to remain open and conducive to client need ⁽⁷⁾⁽⁸⁾⁽¹¹⁾⁽¹⁶⁾.

"You are so concerned about the other problems they are coming in with that you're not really concerned with sexuality." ⁽⁶⁾

"If somebody wanted to speak about it I would chat about it with them, but I wouldn't initiate the conversation" ⁽⁶⁾

"It's not the sort of thing you're really meant to speak about..." ⁽⁶⁾

"You brush over things....you brush over sexuality a lot." ⁽⁶⁾

Despite acknowledging a responsibility to address the issue of sexual health issues, for a number of reasons, either contextual or inherent, nurses are reluctant to participate in discussions with clients on this issue ⁽⁶⁾⁽¹⁸⁾⁽²¹⁾⁽⁷⁾. Research suggests that nurses engage a number of behaviours or defence mechanisms to avoid facilitation of an open discussion ⁽⁶⁾⁽¹²⁾.

- Distancing, abruptness and isolation – these behaviours are utilised in the nurse/client relationship to avoid potentially embarrassing conversations relating to sexual health as nurses express the concern that clients may overstep the professional boundaries ⁽⁶⁾

- Avoidance – abdication of responsibility ⁽⁶⁾⁽¹²⁾

- Development of barriers – portrayed around clinical issues relating to their urinary catheter which prevented clients feeling sufficiently at ease, which ultimately denied validation of their issue ⁽⁶⁾

- Humour – laughter with colleagues that clients wished to engage in a sexual relationship with their partner either at a mature age or with a mechanical device in-situ. Humour was also used when in the presence of clients to deflect from the true nature of the query – again denying validation and open discussion ⁽⁶⁾

- Routinising behaviours – nurses relegate their client interactions to clinical matters and thus procrastinate on the issue ⁽⁶⁾

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Infantilising the client so they feel disempowered in relation to their issue and reinforcing the perception that this group of clients are asexual⁽³⁾

Silence which equals the death of any conversation⁽⁴⁾

Research also suggests that nurses need to create an open and non-judgemental environment that permits validation of client concerns, by creating an arena to listen⁽⁶⁾⁽¹¹⁾.

How Can These Behaviours Be Improved?

A client proposed that nurses did not give information about how to make adjustments to sexual health, and she suggested that nurses bring up the topic, just as they provide information about preventing bedsores⁽¹⁹⁾. She said:

"Give the information. Just give the information. Say 'when you do plan to have sex?' They (nurses) can assume that they're (clients) not having it. They (nurses) don't have to put a lot of pressure. But if you do plan to (or whatever) these are your options"

Some of the hidden dimensions of living with a urinary catheter, such as sexual activity and making appropriate body and psychological adjustments, provide considerable challenges to clients and these issues require sensitivity and support from health professionals⁽¹⁹⁾. One study revealed that all participants felt that nurses avoided discussions related to sexual health and a urinary catheter⁽¹⁹⁾. Some areas of nursing practice that can be considered when working with clients with a catheter and discussing sexual health are as follows:

- Communicate in a way that is open and honest, validates clients concerns and provides a meaningful and productive discourse⁽³¹⁾

- Terminology: use language that is appropriately adjusted to meet the client's level of comprehension⁽⁴⁾

- Training: the premise of educating nurses to provide this level of information to clients is well grounded in theory. Develop knowledge and skills around sexual health through programs that equip nurses with sufficient communication skills to operationalise this knowledge. Declaration of sexual health as a

nursing responsibility will not equip nurses with sufficient practical skills to match this delicate task⁽⁷⁾⁽¹²⁾

- Advocacy and validation: critical tools in development of appropriate assessment tools that will include Quality of Life indicators meaningful to client needs. Nurses need to drive research and development to provide all health workers with research based documents for use in catheter management and sexual health⁽¹¹⁾

- Develop personal comfort with our own sexuality. Literature advises that in order for nurses to be completely comfortable in addressing sexual health issues for clients living with an indwelling catheter then we need to have first developed a degree of personal comfort with our sexuality⁽²⁰⁾⁽¹⁸⁾⁽³⁾⁽¹²⁾

Sex is more than intercourse and we may influence the perception that clients hold by expanding our definition of sexual health. As people age other options might be more comfortable and fulfilling. Touch can be an alternative to intercourse. It may mean holding each other, cuddling or massage. Consider cultural and social diversity when discussing sexual health.

Some practical advice

The literature provides evidence around the optimal approach to providing clients with information about sexual activity while living with an indwelling urinary catheter. Opinion varies within the available literature as to the validity of sexual activity with a catheter in-situ⁽⁹⁾⁽²²⁾, caution being mingled with practicalities. Most authors are positive in their views of the clients need to fulfil a level of sexual expression during this period of alteration to their continuum of life so that the quality of life is minimally disrupted⁽²⁴⁾⁽³³⁾⁽²¹⁾⁽¹⁶⁾⁽¹⁵⁾⁽²⁾⁽¹⁾⁽²⁰⁾. Some authors advise clients to remove their urinary catheter prior to intercourse and replace once finished. Caution is advised with this practice, as frequent insertions of catheters relate to increased bacterial load and transference to the bladder, causing a urinary tract infection. It is the author's opinion that the catheter should remain in-situ during intercourse⁽⁶¹⁾⁽²¹⁾⁽²⁴⁾⁽²⁰⁾⁽³³⁾.

There is debate throughout the literature on the most comfortable and appropriate site for catheter placement during intercourse. The suprapubic catheter is, for obvious reasons, the

Superior choice for those clients who wish to maintain or restart an active sexual life yet keep the invasion of the mechanical device to a minimum⁽¹⁵⁾⁽¹³⁾⁽³³⁾⁽²¹⁾⁽²⁾.

Male

Spiros perceived the catheter as one way of preserving his sexual activity...his only problem with life as he saw it, was that the catheter valve was uncomfortable during intercourse when he folded it down the side of his penis and therefore wanted a longer catheter⁽¹³⁾.

Suggest to the client that prior to commencing intercourse, ensure the urinary collection device is emptied and well secured to the thigh to prevent the causing of traction or trauma. Once erection is achieved, fold the catheter along the shaft of the penis and roll a lubricated condom, as per the manufacturers' instructions, along the shaft of the penis and secure to ensure the condom remains in-situ. Once intercourse is complete the condom can be removed, the penis, catheter and testicular area washed and dried well to prevent maceration and bacterial count to reduce the incidence of UTI⁽³³⁾⁽²⁴⁾⁽²⁰⁾⁽¹⁶⁾. The client must ensure the catheter and urinary collection device are returned to their normal position and secured⁽¹⁵⁾⁽¹⁶⁾⁽¹⁾⁽¹⁹⁾.

Female

Suggest to the client that prior to commencing sexual activity, ensure the urinary collection device is emptied and secured to the upper thigh to prevent trauma or traction. The catheter can be tucked to one side and secured to the upper thigh to prevent friction during intercourse. Suggest to the client to have on hand a warmed lubricant to prevent vaginal friction during intercourse⁽²⁰⁾.

Once intercourse is completed, wash and dry the perianal area thoroughly to decrease bacterial load and transference to reduce the incidence of UTI⁽²⁰⁾⁽²⁴⁾, return the catheter and urinary collection device to their usual position, secure and ensure they are not twisted⁽¹⁶⁾⁽¹⁹⁾. Some women with a degree of leg spasm will perhaps experience a greater degree of comfort in the left lateral/rear entry position⁽²⁰⁾.

Suprapubic

For Neil the suprapubic catheter had simplified the opportunity for sexual relationships...The suprapubic had "made it easier than anything I had

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before”¹³. Many participants perceived that a suprapubic catheter would be more acceptable to others because it was not in the genitalia”⁽¹³⁾.

Arguably the suprapubic catheter is the preferred catheter of choice, especially for those clients who wish to remain sexually active or recommence a long-term sexual relationship. The suprapubic catheter also decreases the possibility of urinary / bladder infection, urethral stricture and trauma⁽¹³⁾⁽³³⁾⁽²¹⁾⁽²⁾⁽¹⁵⁾⁽²⁰⁾.

Suggest to the client that prior to commencing intercourse they ensure that the urinary collection device is emptied and secured to the upper hip and the catheter laid across the abdomen, in line with the collection device and secured to prevent traction or trauma. Once intercourse is completed, return the catheter to its normal position, secure it and ensure that the suprapubic site is washed and dried thoroughly to prevent incidence of increased bacterial load leading to UTI. Importance should be placed on always providing advice and information in a practical manner that will facilitate open discussion and questioning.

Encourage clients to communicate with their partners and consider other sexual health activities such as cuddling, massage or different positions during sex.

Conclusion

Empathy, understanding and advocacy are valuable qualities for nurses. Literature reveals that for nurses to genuinely relate in a meaningful way with their clients they need to add layers of warmth, harmony and connection to the relationship. In this way they may enhance the continuum and quality of life values. It is critical for nurses to engage both life experience and technical expertise to ensure that clients are fully equipped to manage the new dimension of their life. Humanistic studies affirm that nurses need to fully engage these qualities and pursue avenues of more layered education to meet a growing client demand into the future.

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