



Continence Care newsletter

For healthcare professionals

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care



THE ROAD TO ACCEPTANCE: MOVING FROM FEAR TO TRUST IN TREATMENT

Patients can have a hard time accepting intermittent self-catheterisation (ISC). The reasons for these barriers to acceptance are as many and as varied as the patients themselves. But one of the most common psychological barriers is fear.

The four types of ISC-related fears

While it's true that no two patients are alike, our research has identified some general recurring fears that most ISC patients experience to some degree. Those fears primarily fall into four categories¹:

Fear of insertion

Many patients feel that inserting objects into the urethra is 'unnatural'. Often, they lack basic anatomical knowledge, and for this reason they assume that ISC must be a very painful procedure.

Existential fear

For some patients, the catheter can be a reminder that they are ill, and that their lives have fundamentally changed. Patients who fear social isolation, or who have a hard time coming to terms with their illness, may be reluctant to accept ISC.

Fear of accidents

The embarrassment associated with wetting yourself can be difficult for patients to handle. This fear might lead them to reject ISC altogether.

Fear of urinary tract infections (UTI)

More than half of the ISC users surveyed in our study indicated that they were concerned about inserting bacteria into the urethra². 41% cited getting a UTI as a daily concern². Such fears can pose a barrier to the patient accepting ISC.

¹ Coloplast_Market_Study_ReD Associates Study_2007_Data-on-file (PM-0340)

² Coloplast_Market_Study_IC Research_2015_Data-on-file (PM-03238)

Identifying patient fears

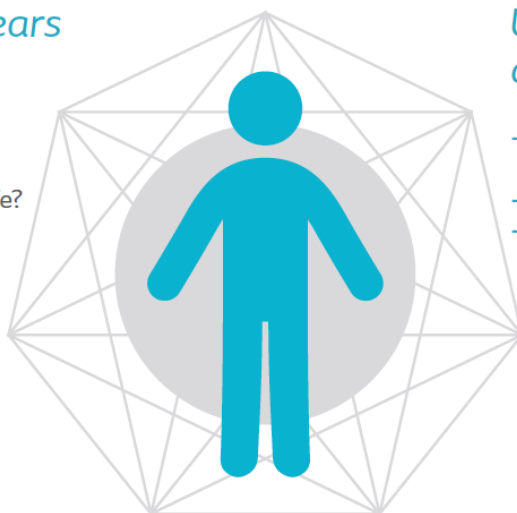
One way of uncovering the fears your patient might have is to ask open-ended questions. This type of questioning will help patients speak more freely about their concerns.

Once you have identified their current fears, you can use the same type of questions to 'uncover tomorrow', finding out where they would like to be and what they would like to do in the future.

The final step is to 'bridge the gap' between their current fears and tomorrow's dreams. This will enable the patient to see how ISC can help them live the life they want to lead.

Identify today's fears

- How do you feel about your condition?
- How does it impact your life?
- How do you feel ISC will impact your life?
- How do you feel about having to perform ISC?



Uncover tomorrow's dreams

- What would you like to be able to do?
- What activities do you enjoy?
- If you didn't have to deal with bladder issues, what would your life look like?

Bridging the gap

Did you know that if you do 'x', it can make it possible for you to do 'y'?

Working with the model

Scenario: A patient has told you that he is having difficulty accepting his condition. He feels isolated. Before ISC, he had an active social life and enjoyed playing golf. Now, he's afraid to go out fearing he might have an accident. He would love to be able to just play a round of golf again with his friends.

Now that you have **identified his current fears** (isolation, having an accident) and **uncovered tomorrow's dreams** (resuming his active lifestyle and playing golf), you can **bridge the gap** for the patient. For example, by saying: "Did you know that you can use a catheter that is able to fit in your pocket, or you can carry it in your golf bag, so no one has to see it? This will enable you to play golf with your friends, without having to worry about having an accident."

How to create safe zones for your patient

In the next newsletter you can learn more about how to address motivation and help your patient create 'safe zones'