Position Statement: Clean vs. Sterile Catheter use in Intermittent catheterization.

Effective Date: June 2007
Status:
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Adopted By:
WOCN Board of Directors

Purpose:
To define the position of the Wound Ostomy and Continence Nurses Society regarding clean versus sterile catheter use in intermittent catheterization.

Statement of Position:
There is insufficient data upon which to base a change in the current Medicare DME Local Coverage Determination (LCD) on Urological Supplies.

There is an urgent need for research in this area.

Previous Statements:
None

History:
Clean intermittent catheterization was presented in 1966 by Guttman (1) who presented the idea of periodic routine bladder emptying by catheterization versus the modality of the time, the indwelling catheter. This concept gained in acceptance and was further modified in 1972 by Lapides (2) who explored the concept of clean intermittent catheterization in the treatment of UTI. Over the last 36 years the concept of clean intermittent catheterization has gained overall acceptance in the medical community based on evidence based methodology and a number of studies with variable scientific rigor. The topic of Clean Intermittent Catheterization as a urological management technique for neurogenic bladder or bladder outlet obstruction, with its inherent
patient education requirements, is included in the education and certification process for the Certified Wound Ostomy and Continence Nurse. (3) (4) (5) Recent discussions have been initiated by patient advocacy groups and industry regarding the appropriateness of reuse of the catheters used for intermittent catheterization, citing issues with urinary tract infection and inconvenience. The issue is further complicated by inconsistent governmental policy on use and reimbursement for the catheters used in intermittent catheterization.

**Supportive Statements:**
A recent publication in the Journal of Wound Ostomy and Continence included a rigorous review of pertinent literature regarding current evidence on intermittent catheterization. The conclusion by the authors is that there are no definitive studies illustrating that the incidence of UTI is affected by sterile single use or coated catheters compared to clean reused catheters.(6)

**Recommendations:**
Changes in the LCD should be delayed until data are available.

**References:**


