



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**INTERMITTENT CATHETERIZATION AND THE USE OF STERILE
CATHETERS**

1. Purpose: This letter provides guidance to clinicians on the re-use of urinary catheters for patients who use intermittent catheterization for bladder management.

2. Background

a. Intermittent catheterization (IC) and self-catheterization (ISC) have been widely used for the last 40 years. The main aims of IC are to empty the bladder and to prevent bladder over distension in order to avoid genitourinary complications and to improve urological function. Intermittent catheterization is used primarily in the setting of neurologic disease (e.g., neurogenic bladder) and the geriatrics population (e.g., inadequate detrusor function following chronic over-distension). It is used to drain the bladder in the setting of retention. Periodically throughout the day (typically every 4-6 hours), nonsterile, clean catheters are used to drain the bladder to maintain physiologic volumes and avoid bladder over distension.

b. Re-use of urinary catheters for Spinal Cord Injury. The community standard and broad professional opinion is that clean intermittent catheterization (CIC) can and has been used successfully by persons with spinal cord injury for many years. In 2006, a new Clinical Practice Guideline, *Bladder Management for Adults with Spinal Cord Injury*, was published. Intermittent catheterization was recommended for individuals who have sufficient hand skills and cognitive function to catheterize independently or a willing caregiver to perform the catheterization. CIC is recommended unless there are recurrent urinary tract infections.

c. Centers for Disease Control and Prevention (CDC) Guidelines for Catheter-Associated Urinary Tract Infections recommend aseptic technique and sterile equipment for the insertion of urinary catheters in health care settings. There are no current CDC guidelines for catheterization in the outpatient setting.

d. Review and revisions of current guidelines for catheter associated urinary tract infections are underway by the CDC. It is unknown if the re-use of catheters will be addressed by the revised guidelines.

e. The Department of Health and Human Services, Food and Drug Administration (FDA), and Center for Devices and Radiologic Health states that a catheter is a medical device. The Medical Device Amendments of 1976 to the Federal Food, Drug, and Cosmetic Act gave FDA specific authority to regulate the safety and effectiveness of medical devices.

f. Urinary catheters are considered single-use devices by the FDA. Manufacturers of catheters specifically identify them as single-use. Until manufacturers specifically change labeling for urinary catheters, there is no policy interpretation that would allow the re-use of urinary catheters.

3. Recommendations: VA clinicians should follow the manufacturer's instructions for catheter use. Catheters identified as single-use devices should not be re-used in any setting. Patients should be provided with an adequate number of catheters to use a sterile catheter each catheterization. Patients, family members, and attendants need to be informed that catheters are identified for single-use only.

4. Follow-up responsibility: Questions regarding this information letter may be addressed to Barry Goldstein, MD, PhD, Spinal Cord Injury and Disorders (11S) within the Office of Patient Care Services at (206) 768-5401.

5. References

a. Bladder Management for Adults with Spinal Cord Injury, Clinical Practice Guideline, Consortium for Spinal Cord Medicine, August 2006, pp 17-19.

b. Adult Clean Intermittent Catheterization, Clinical Practice Guideline, Society of Urologic Nurses and Associates (SUNA), 2006.

c. Perkas I and Giroux J. Clean intermittent catheterization in spinal cord injury patients: a follow-up study. J Urol 149 (1993): 1068-1071.

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e. Duffy L, et al. Clean intermittent catheterization: safe, cost-effective bladder management for male residents of VA nursing homes. J Am Geriatr Soc (1995): 43:865-70.

f. Lemke et al. Intermittent catheterization for patients with a neurogenic bladder: Sterile versus clean: Using evidence-based practice at the staff nursing level. *Journal Nursing Care Quality*, 2005; 20:302-306.

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