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POSITION PAPER Reuse of Single-use Intermittent Catheters

Introduction

Single-use intermittent catheterisation is an effective way for patients to self-manage urinary retention or incontinence caused by conditions such as neuropathic bladder. It has transformed the lives of people rendered housebound by bladder problems and has preserved the kidneys of children with spina bifida, and of adults with spinal cord injuries.

Issue

Australian States and Territories have fragmented and inadequate reimbursement schemes for personal continence needs in the community setting. This includes funding for single-use intermittent catheterisation, which is well behind Europe and the USA. As a result, patients may be advised to clean and reuse intermittent catheters which are designed only for singleuse. This practice has regulatory, clinical and ethical implications.

Regulatory issues

In Australia, there is an expectation under the *Therapeutic Goods Act 1989* that products will be used in accordance with the product information provided by the manufacturer. Any healthcare professional that provides advice contrary to the manufacturer's single-use labeling may be professionally liable for any harm to the patient as a result of the advice given with respect to cleaning and reuse. In cases of negligence, the healthcare professional may be required to provide evidence for his/her recommendations for reuse.¹

Clinical and safety issues

Reusing single-use devices can lead to²:

- increased risk of bacterial and other microbiological contamination
- device failure and/or degradation
- issues with biocompatibility of the medical device
- endotoxic reactions from reprocessing residues.

This in turn increases the risk of urinary tract infections, strictures and urethral bleeding, which add costs to the health system through re-hospitalisations and an increase in the overall costs of treatment.^{3,4}

Ethical issues

In accordance with the Australian Charter of Healthcare Rights, patients have a right to receive safe and high quality care.⁵ This includes access to appropriate advice and therapy. A patient's rights are not supported by clinical advice which places them at increased but avoidable risk of health problems. Expedient clinical advice suggesting the reuse of single-use intermittent catheters conveys a lack of respect for the needs of patients.

Recommendations

MTAA recommends that:

- Medical devices labelled as single-use should not be reused.
- A patient's rights should be respected and patients should be informed about the reuse versus single-use of products and be given the option to choose the best products for their circumstances.

References

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3. Håkansson MÅ. Reuse versus single-use catheters for intermittent catheterization: what is safe and preferred? Review of current status. *Spinal Cord* (2014), 52(7), 511-516.

4. National Institute for Health and Clinical Excellence (NICE). Infection: prevention and control of healthcare-associated infections in primary and community care. Partial Update of NICE Clinical Guideline 2. NICE clinical guideline 139. National Clinical Guideline Centre (2012). Available at: http://www.nice.org.uk/guidance/cg139/evidence/cg139-infection-control-full-guideline3 Last accessed June 2015.

5. Australian Commission on Safety and Quality in Health Care (ACSQHC). Australian Charter of Healthcare Rights. Available at:

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