Assessing the Perception of Pain and Distress of Female Patients Undergoing Routine Urethral Catheterization in Cesarean Delivery

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ABSTRACT

Urethral catheterization is a common procedure performed commonly before some elective surgeries, often without consideration of the pain and negative perception among women. Owing to patient complaints and the fact that catheterization is not always necessary; a descriptive cross-sectional study was carried out from January to March 2012 at Tabriz University of Medical Sciences hospital. One hundred healthy women who were catheterized before undergoing cesarean delivery were interviewed to assess the perception of pain and distress, determining the association between these two factors. This issue has rarely been investigated in previous studies. This study also aimed to evaluate the efficiencies of the Wong-Baker and 0–10 numerical rating scales. The authors results indicate that although the patients did not initially have a good understanding of the pain scales, when they were given additional explanation, a positive correlation between the two scales (p<0.01) was found. Their study further demonstrates that catheterization is a moderately painful (4.68 of 10) procedure, causing distress (4.67 of 10) and discomfort.

Keywords: Distress, Elective Cesarean Delivery, Indwelling Urethral Catheterization, Pain Scale, Tabriz University of Medical Sciences Hospital

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INTRODUCTION

Indwelling urethral catheterization (IUC) is a frequently performed intervention in hospitals. It has been estimated that 10–12% of hospitalized patients have urinary catheters at any given time (Stamm & Coutinho, 1999). The procedure is routinely performed before cesarean delivery (C-section) in women. The Foley catheter is the most frequently used indwelling catheter during a C-section (Ortega et al., 2008).

The purposes of catheterization include controlling anesthesia-related problems (e.g., hypotension, reduction of urinary outputs, and blood transfusion problems), avoiding intraoperative difficulties, preventing bladder system injury, assessing urinary output, and preventing postoperative urinary retention (an empty bladder is believed to be at lesser risk of damage during surgery; Li et al., 2011). It should be mentioned, however, that a slightly filled bladder may be better demarcated during a C-section without urinary catheterization (Senanayake, 2005).

The use of IUCs can lead to complications (Elpern et al., 2009). They are considered uncomfortable and restrictive in most cases and may cause trauma, bleeding, and pain. Furthermore, IUCs are the largest risk factor for urinary tract infections (UTIs), and their inappropriate use is associated with higher UTI rates (Lo et al., 2008; Conterno et al., 2011). Recent studies have reported that C-sections can be performed safely and feasibly without catheterization in haemodynamically stable patients (Ghoreishi, 2003; Senanayake, 2005; Arlyn et al., 2007; Nasr et al., 2009). Despite the availability of extensive research, catheterization is often performed unnecessarily (Li et al., 2011).

In most recent studies, the main focus is on the physical disadvantages of IUC, including adverse effects and catheter-associated UTI; however, discomfort and pain have rarely been investigated. In the current study, patient pain, distress, feelings, and overall perception were investigated. Maternal distress and discomfort can have adverse effects on breastfeeding and the health of the infant and therefore should not be ignored. Finally, it seems there is a correlation between the levels of distress and pain experienced by the patient.

The specific aim of this study was to quantify the pain and distress perceived by the patient and to look for a correlation between the 2 factors. The efficiency of methods used for gaining information about pain and distress were also examined. To limit potential bias, we chose to study healthy women who did not have any prior urethral complaints such as UTI. The selected participants were endorsed candidates for elective C-section.

METHODS

A descriptive, cross-sectional study was carried out from January to March 2012 at Tabriz University of Medical Sciences hospitals in Iran. The study population was composed of 100 healthy women who received a Foley IUC before undergoing elective C-section and continued to have it for at least 12 hours after the surgery. The participants with urethral complications (e.g., UTI) were excluded. The main data collection schedule was 12:00–3:00 pm, 3 days a week, and the patients were randomly selected.

Two issues were surveyed while collecting data: pain and discomfort. Pain was reported using the 0–10 numerical rating scale (NRS) and Wong-Baker FACES scale. The NRS also was used to report perceived distress. The 2 ratings scales were used in an attempt to differentiate pain from discomfort. In the NRS, 0 indicates “no pain” and 10 indicates “the worst pain imaginable.” In the Wong-Baker scale, 6 faces expressing different levels of pain were used. To assess distress, the NRS was used in a similar manner as for pain. Distress was defined as any discomfort or negative feelings during catheterization. In addition, to determine the feelings of the patients more precisely, faces that expressed their feelings during the procedure were selected from a smiley face feelings guide. These faces illustrated emotions that included embarrassment, anxiety, fear, indifference, disgust, comfort, and satisfaction. In the cases...
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