

Transitioning Urologic Care

Overview

Transitioning urologic care signals the gradual shifting of responsibility from parent to child self care and prepares young adults for independent lives. Even if there are no urological problems before the transition, there are often social and behavioral issues during the transition period.

Getting Started

Transferring urologic care should be done slowly. It is important to know your child's interests, limits and habits-helping find ways to reach the goal of regular clean and careful catheterization. Monitor your child's activities, particularly after augmentation surgery when problems, such as stretching the bladder or a bladder rupture, can be devastating.

It is critical to this transition that your child's doctors stay involved. They can educate your child on the importance of keeping a healthy urinary tract and kidney and the responsibilities required to do so.

Urologic Self Care

Most people with Spina Bifida have to catheterize and many have had a bladder augmentation or reconstruction. Physicians need to keep tabs on kidney function, so teens should see their urologists yearly. Almost everyone who catheterizes has bacteria in the urine, but true urinary tract infections need to be treated promptly.

Catheterization supplies need to be clean and it's important not to rush through the process. Good gender

specific techniques, critical to minimize infections, should be practiced and nutrition plays a strong role in discouraging urinary tract infections (UTIs).

Bladder concerns become more relevant:

- Bladder stones, common problems with people who catheterize, must be removed because they can cause more stones or infections.
- Bladder ruptures, perhaps due to ineffective or too infrequent catheterization, usually occur without symptoms until the patient is very ill
- Bladder tumors, while not common, must be removed

Barriers to transitioning urologic care

Many young adults may not deal responsibly with their self-care regimen. Many teens want to be like everyone else and are in denial about the idea of catheterizing themselves. Teens may not understand the need and don't see catheterization as a big deal or they simply forget to catheterize, until something or someone reminds them.

Conclusion

Transitioning urologic care from the parent to the child may take longer than either would like. Progress may not always be smooth, but it's worth the time and effort it takes to get it right.

This information does not constitute medical advice for any individual. As specific cases may vary from the general information presented here, SBA advises readers to consult a qualified medical or other professional on an individual basis.

Supported by an unrestricted educational grant from Hollister Incorporated. Hollister Incorporated is not responsible for the content of this literature.

