

0099 **Getting Everyone in the Same Room - The Combined Therapist Approach to Teaching Independence in Clean Intermittent Catheterisation**

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**Aims:** Most paediatric patients with neurogenic bladder require clean intermittent catheterisation (CIC) several times daily, for maintenance of continence and health. CIC is performed by the caregiver until the child is developmentally ready to learn self-CIC. Children with associated mobility, dexterity and cognitive deficits tend to take much longer to learn self-CIC. We piloted a combined paediatric urotherapy-occupational therapy clinic to address this problem.

**Methodology:** Five children (6-14 years) and their parents attended 6 combined therapist sessions in 6 months. Explanation of self-CIC was done using show and tell method followed by doll-play for hands-on practice. Caregivers and patients shared their mastery difficulties. Specific tasks and activities were recommended for home practice after task-analysis and assessment. The Canadian Occupational Performance Measure (COPM) was used to track progress in self-CIC and aid in collaborative goal-setting. Reasons for slow progress in learning self-CIC were documented.

**Result:** All 5 children had motor and cognitive difficulties. Caregivers regularly over-assisted which prevented patient practice and exposure. Patients had combination of disabilities that caused unique difficulties with different parts of the CIC, but caregivers did not recognise nor could they explain it to the therapist when attending separate sessions, hence there was suboptimal task-analysis assessment and recommendation. After intervention, positive score changes were noted in the COPM. There was increased participation from the children in preparatory phase of self-CIC, and in transfers and dressing tasks.

**Conclusion:** Despite longer session duration and scheduling constraints, the combined therapist approach was more efficient and effective for this category of patients, with fewer return sessions needed to achieve the desired outcome. We now have an established pathway for early identification and referral of appropriate patients for the joint therapist clinic.