

Sexually Active Urethral Stricture Patients with Catheter- A Survey of Quality of Life

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Original Research Article

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Article History

Received: 01.03.2018

Accepted: 07.03.2018

Published: 20.03.2018

DOI:

10.21276/sjams.2018.6.3.10



Abstract: Urethral stricture disease is a common urologic condition which occurs mainly in men and causes obstructive voiding symptoms, often requires appropriate surgical intervention. It can present with acute urinary retention also. This condition needs catheterization either per urethral or supra-pubic. These patients lead a very poor quality of life. In our present project, we have ventured to analyze the feelings of worries and anxiety by taking a qualitative survey with measurements of anxiety level of patients suffering from urethral stricture disease who are inserted with a catheter to relieve the retention of urine. It is a qualitative survey of 43 young male patients (21-40 years age group) presented with acute urinary retention due to urethral stricture disease. We have measured the anxiety level of these patients after two weeks of insertion of catheters (pre-survey) and again two weeks after removal of catheter (post-survey) by using the the BAI (Beck's Anxiety Inventory). Pre survey mild anxiety was present among 25 patients, moderate anxiety was present among 11 patients and severe anxiety was present among 7 patients. Post survey mild anxiety was present among 37 patients; moderate anxiety was present among 5 patients and severe anxiety was present only in one patient. The level of anxiety is lesser in most of the patients after removal of catheter. Since a catheter is imperative in this disease, it can be concluded from our study that some sort of counseling is required for all patients before and after inserting catheter in order to reduce anxiety. It would probably also be helpful to apply counseling to all patients with urethral stricture even after removal of catheter as they all suffered from at least mild degree of anxiety.

Keywords: Quality of life, urethral stricture, catheter.

INTRODUCTION

Urethral stricture disease occurs mainly in men and is a common urologic condition which results in narrowing or obliteration of any part of the urethra from urethral meatus to bladder neck. Strictures cause obstructive voiding symptoms and often require appropriate surgical intervention for definitive resolution [1]. The main symptom of urethral stricture is poor stream of urine. Other symptoms include decreased urinary flow as a splay, increased frequency of urination, urge incontinence, straining during urination, pain during micturition, features of urinary tract infection, sense of incomplete voiding after act of micturition. Numerous sequale such as bladder calculi, recurrent infection and chronic renal insufficiency can occur in untreated patients of urethral stricture disease and significantly affect the quality of life of the patients [2].

Some patients with urethral strictures present with acute urinary retention, and it is a medical

emergency. When in acute urinary retention, treatment of the urethral stricture or diversion is also an emergency [3]. Urinary diversion may be in the form of suprapubic or perurethral catheterization. Perurethral catheter insertion is performed in the emergency department or in a practitioner's office or in an operating room. Insertion of a supra-pubic catheter with catheter drainage system can be done as an emergency measure to relieve acute urinary retention⁴. The advantage of this approach is that it does not disrupt the scar or interfere with future definitive surgery.

It has been shown that urethral stricture disease is detrimental to quality of life of patient. Patients frequently experience voiding symptoms such as weak urinary stream, incomplete emptying, splayed urinary stream, and dysuria, as well as resting lower urinary tract pain and sexual dysfunction [5]. Patients may need to void multiple times throughout the night due to the nature of the disease, which could certainly disturb family members in the same bed, or even in the

same home. Most family members (56.9%) felt that their sleep habits were negatively affected due to their partner's symptoms, 24.1% of which endorsed severe sleep disturbances. 86.3% felt pity for the patient and 82.4% felt stressed by the patient's surgical treatment [6].

In our previous study[7] which is one of qualitative descriptive type involving in depth interviews (IDI) of 18 male patients presented with Urethral stricture, we have found that patients with this disease are always worried about leakage of catheter, afraid of catheter blockage and anxious about pain, burning sensation during voiding and dragging pain in the penis. These patients are also worried about changing of catheter, emptying of urinary bag and availability of catheter and trained health personnel. In spite of help and care given by the family members, most of these patients feel insecure during family crisis and avoid social activities. A few of the patients spend sleepless night and others also suffer from disturbances of sleep. A few of them are also worried about disturbances of sleep of their bed partners. Most of them lead a poor quality of sexual life due to mechanical discomfort, penile pain, lack of sexual urge and erectile dysfunction. Though a few of them get hope from friends, near relatives, treating doctor and nurses, most of them feel loneliness, helplessness and sadness in life.

Under this pretext, in our present project, we have ventured to a further analysis of these feelings of worries and anxiety by taking a qualitative survey with measurements of anxiety level of patients suffering from urethral stricture who are inserted with a catheter to relieve the retention of urine, in people residing in eastern Indian states like Bihar and West Bengal, using prevalidated scales with the expectations that it would help us not only in early diagnosis and estimation of severity of anxiety of these patients and but also to plan a proper interventional method like counseling or any psychotherapeutic method to impart them as much an anxiety free life as possible.

MATERIALS AND METHODS

The study was conducted in the urology department of a tertiary care centre. The study period was from March 2017 to December 2017. It was a qualitative survey of young male patients (21-40 years age group) presented with acute urinary retention due to urethral stricture disease, bladder neck obstruction, bladder or urethral stone disease in which foley's catheter was inserted through urethral or suprapubic route to relieve the urinary obstruction.

The patients who had given consent for the study were included and those who had not given the consent were excluded from the survey. The patients who had presented with acute retention of urine due to

medical causes were also excluded from the survey. Institutional ethical committee clearance was taken.

We had measured the anxiety level of these patients after two weeks of insertion of catheters (pre-survey) and again two weeks after removal of catheter (post-survey) by using the the BAI (Beck' s Anxiety Inventory) which is a self report measure of anxiety tool containing 21 items, and is reliable as well as valid [8]. Scoring of the items were : Not at all as zero (0), mildly but it didn't bother me much as one (1), moderately it was not pleasant at times as two (2) and severely it bothered me a lot as three (3). The total score was calculated by finding the sum of the 21 items.

Total score of 0 - 21 = low anxiety,
Total score of 22 - 35 = moderate anxiety,
Total score of 36 and above = potentially concerning levels of anxiety.

Pre survey scores were compared with the post survey scores and the changes of pre-survey and post-survey had been analyzed by using simple statistical methods.

RESULTS

Total study population was 43 in number. They were in 21 to 40 years age group. Among them 12 were in the age group of 21 to 25 years, 15 were in the age group of 26 to 30 years, 9 were in the age group of 31 to 35 years, 7 were in the age group of 36 to 40 years.

According to BAI scores of anxiety : Pre survey mild anxiety was present among 24 patients of whom 7 were in the age group of 21-25 years, 9 were in the age group of 26-30 years, 5 were in the age group of 31-35 years and 3 were in the age group of 36-40 years.

Pre survey moderate anxiety was present among 11 patients, of whom 5 were in the age group of 21-25 years, 3 were in the age group of 26-30 years, 2 were in the age group of 31-35 years and another 2 were in the age group of 36-40 years.

Pre survey severe anxiety was present among 7 patients, of whom 3 were in the age group of 26-30 years, 2 were in the age group of 31- 35 years, another 2 were in the age group of 36-40 years, and none was in the age group of 21-25 years.

Post survey mild anxiety was present among 37 patients, of whom 12 were in the age group of 21-25 years, 13 were in the age group of 26-30 years, 7 were in the age group of 31-35 years, and 5 were in the age group of 36- 40years.

Post survey moderate anxiety was present among 5 patients, of whom 2 were in the age group of

26-30 years, 2 were in the age group of 30--35 years, and 1 was in the age group of 36-40 years.

Post survey severe anxiety was present only in one patient and he was in the age group of 36-40 years.

Table-1: age group wise distribution of patients, pre survey and post survey anxiety levels

Age group (years)	Number of patients	Pre survey Mild anxiety	Pre survey Moderate anxiety	Pre survey Severe anxiety	Post survey Mild anxiety	Post survey Moderate anxiety	Post survey Severe anxiety
21-25	12	7	5	-	12	-	-
26-30	15	9	3	3	13	2	-
31-35	9	5	2	2	7	2	-
36-40	7	3	2	2	5	1	1

Table-2: Number of patients with mild, moderate and severe anxiety levels

BAI (Beck's anxiety index)	Catheterized state Pre survey (number)	After catheter removal Post survey (number)
Mild anxiety	24	37
Moderate anxiety	12	5
Severe anxiety	7	1

DISCUSSION

In this present survey we have used BAI (Beck Anxiety Inventory) which contains 21 common symptoms of anxiety. These symptoms are numbness or tingling, feeling hot, wobbliness in legs, unable to relax, fear of worst happening, dizzy or light headed, heart pounding, unsteady, terrified or afraid, nervous, feeling of choking, hands trembling, shaky/unsteady, fear of losing control, difficulty in breathing, fear of dying, scared, indigestion, faint/lightheaded, face flushed, hot/cold sweats. During these data collection we have found that all the 43 patients have anxiety. 24 patients have mild anxiety, 12 patients have moderate level of anxiety and 7 patients have severe level of anxiety after 2 weeks of insertion of catheter. Later on, two weeks after removal of catheter 37 patients have mild anxiety, 5 patients have moderate level of anxiety and only one patient has severe level of anxiety. So, the level of anxiety is lesser in most of the patients after removal of catheter.

In our previous study [7] of qualitative research in which we performed in depth interviews of 18 patients of urethral stricture we found that most of the patients were worried, anxious, afraid and ashamed about their disease process. In the category. Mental health “consisting of four codes, viz., loneliness, helplessness, sadness and getting hope, though a few of the patients were getting hope of cure, most of the patients felt sad, lonely and helpless for the disease process.

J R Weese *et al.* [6] has created a unique questionnaire containing 12 questions to assess the quality of life of family members of urethral stricture disease patients. This questionnaire was completed by an immediate family member of 51 patients undergoing anterior urethroplasty has found that anterior urethral stricture disease negatively impacts the quality of life of family members. The authors quantified the quality of life distress experienced by immediate family members

of patients with urethral structure. It was found that the disease urethral structure had a profound impact on the family members of those affected even after decades. The problems include disturbance of sleep, decreased social interactions, emotional stress and impaired sexual intimacy. However, in our present study there is no direct symptoms related to sexual life of the patient.

Jared P *et al.*[9] found anxiety and depression in 86(29%) patients of urethral stricture disease and poor quality of life and improvement was experienced by 56% of patients undergoing urethroplasty operation for correction of stricture of urethra and postoperative anxiety and depression was present only in 10% of patients.

In a study by Whybrow *et al.*[10, 11] who conducted semi-structured interviews of 19 men suffering from urethral structure disease, the finding reveals how patients tend to develop routines and tactics to adapt to their symptoms of disease and hide them from others rather than seek help. It is argued that this concealment becomes an inseparable part of how the disease is managed and is an additional hidden practical and emotional burden for these patients.

The weakness of our study is that we have no data regarding anxiety level of our patients before their disease process.

CONCLUSION

Ours is a qualitative survey work based on prevalidated questionnaire. The topic of our study was prevalence and degrees of anxiety in patients with urethral stricture. Our study showed that all the patients with urethral stricture had some degree of anxiety, mostly had mild but some had moderate and even severe anxiety also. Out of 43 patients studied 24 had mild anxiety while on catheter which increased to 37 after removal of the same. So, an indwelling catheter was an important cause of moderate to severe anxiety.

Since a catheter is imperative in this disease, it can be concluded from our study that some sort of counseling is required for all patients before and after inserting catheter in order to reduce anxiety. It would probably also be helpful to apply counseling to all patients with urethral stricture even after removal of catheter as they all suffered from at least mild degree of anxiety.

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