A new leg bag range for children with indwelling catheters

Brenda Cheer

Continence problems in children can be very disabling for both the child and their families/carers. The need to have an indwelling catheter can be inconvenient and, even, traumatising for the child. There is also a social stigma associated with incontinence, continence care and catheters, which should not be underestimated. This article discusses how healthcare professionals can help children and families, and thereby reduce the burden, both emotional and physical, of living with a catheter and then introduces a new range of leg bags that have been designed specifically with children in mind.

KEYWORDS:
Children ■ Continence care ■ Catheterisation

Managing continence problems can have a devastating impact on both children and adults (Sanders, 2002). Although many people do not associate continence problems with children, other than potty training (McMonnies, 2002), it is estimated that one in 12 children in the UK has problems (ERIC), which, in the author's opinion, could be an underestimate due to the reluctance that parents may have to discuss this problem or to seek help (White, 2001). Although most of these issues are functional problems, such as constipation, soiling, day and/or nighttime wetting, some children have complex problems requiring intermittent or indwelling catheterisation.

The social stigma and embarrassment associated with incontinence, continence care and indwelling catheters is very real for children and their families and should not be underrated (Carr, 1996). For children, there is the added anxiety of being teased at school, with 72% saying that issues of continence stop them from fully participating in activities, such as gym classes or going on school trips or holidays (Every child has the right to go [ERIC], http://www.eric.org.uk/). Indeed, wetting at school has been listed as the third most stressful event imaginable after the death of a parent and going blind (Meadows, 1990).

While the use of indwelling catheters and drainage bags should always be the last resort (Simpson, 2001) after all other options have been explored (Department of Health [DH], 2007; Royal College of Nursing [RCN], 2008), for some they are unavoidable (Tew et al, 2005). For example, infants and children may need to be catheterised due to (Bray and Sanders, 2006):
- Acute urinary retention
- Postoperative care and urine monitoring
- Keeping the skin and wound in tact.

Urinary continence problems can also be the result of, for example:
- A congenital abnormality of the lower urinary tract
- A spinal abnormality, such as spina bifida
- Neurological conditions
- Dysfunctional voiding.

Although a common procedure, catheterising infants and children can be extremely traumatic for both the child and their family (Robson et al, 2006). The implications go beyond just the purpose of draining urine but involve physical, mental and social issues (Pomfret, 1996) Thus, it is important that children and families are fully involved in all treatment decisions and plans and informed about all the options available, receiving education about the products to be used (Sanders, 2002) as well as the need for a good hand hygiene regimen (Pellowe and Rogers, 2007).

Effective communication between the healthcare professional and child/family will help to ensure that the child’s best interests are paramount when discussing this sensitive subject. While the child’s developmental ability needs to be considered when discussing treatment options (Bray and Sanders, 2006), their opinion should not be ignored as if they are not happy with the product this could cause unnecessary arguments with their parents/carer, or even result in their refusing to use it (Sanders, 2002). Healthcare professionals also need to keep abreast of all new products, so that they can best meet the child’s needs and priorities which will, of course, change as they get older (Evans, 2005; Pellowe and Rogers, 2007).
Smith (2003) highlighted that if paediatric catheters are not available, some clinicians used feeding tubes to catheterise children. Using products not specifically designed for purpose raises issues of risk assessment and clinician liability (Medical Devices Agency, 2001). In addition, it is essential to choose the correct size of catheter based on sex, age, and purpose, in order to help prevent knotting of catheters in the bladder and urethral trauma (Carlson and Mowery, 1997).

Appropriate catheter selection in relation to material, type and size plays an important part in:
- Reducing the risks of infection associated with catheterisation
- Providing effective catheter care
- Promoting tolerance.

It is also important to consider why the child is being catheterised and for how long it will be in place, as well as the patient history (Pratt et al, 2007).

The Mummy and Baby Bear leg bag range (Great Bear, Cardiff) has been developed specifically for babies and young children, with the child-friendly design making it attractive and acceptable to the individual.

### MUMMY AND BABY BEAR PAEDIATRIC LEG BAG RANGE

As previously said, children and families can be daunted by the prospects of continence care and young children, in particular, can find it hard to accept such an appliance. For example, the average smaller capacity leg bags (350ml) can be cumbersome on small children and impact on their day-to-day life and playing.

The Mummy and Baby Bear paediatric leg bag range comes in two sizes: 150ml (Baby); 250ml (Mummy) (Table 1), so that the most appropriate can be chosen for the child. Furthermore, when the child requires a larger capacity, it is an easy transition onto the 350ml Libra leg bag (Great Bear).

<table>
<thead>
<tr>
<th>Table 1: Mummy and Baby Bear leg bag range</th>
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<tbody>
<tr>
<td>Product name</td>
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<tr>
<td>Baby Bear Leg Bag</td>
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<td>Baby Bear Leg Bag</td>
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<tr>
<td>Mummy Bear Leg Bag</td>
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<td>Mummy Bear Leg Bag</td>
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Both products in the Mummy and Baby Bear range have a direct or adjustable inlet tube length (a feature usually only found on a restricted range of 500ml capacity leg bags). This offers an advantage, as if the inlet tube is too short, there is a risk of catheter tension, while if too long, there is the risk of it becoming caught in clothing or being pulled.

The development of this range of paediatric leg bags not only considered the size of the product, but also its appearance. In order that it should not have a clinical look and be offputting to children, the actual bag carries a smiley bear’s face, with paw prints on the strap further contributing to its child-friendly appearance (Figure 2). This paw-printed strap can be cut to fit the child, so that the bag is adequately supported when being worn. The centrally positioned strap hole also helps to securely support the bag.

The polyester fabric backing is soft and smooth, which both promotes patient comfort and allows the skin to breathe, thereby reducing the risk of soreness and sweating (Figure 3). This also helps to eliminate any noise from the leg bag, which might otherwise occur when children are playing.

The ridged connector also helps to promote confidence in the product by reducing the risk of accidental leakage as it fits securely to the catheter (Figure 4), while the silicone sleeve (Figure 5) creates the potential to link the bags to a night bag for overnight drainage — a capability that other smaller leg bags do not have.

### CONCLUSION

The impact and inconvenience of indwelling catheterisation can be particularly difficult for children and their families/carers.

In the author’s clinical experience, as an inpatient, children may be surrounded by scary-looking equipment; it is simply not possible for all products to be specially designed for them. However, when a child-friendly product is available, it...
Introducing
Mummy and Baby Bear
Leg Bag

A range of sterile Leg Bags designed specifically for young children
Available in 150ml and 250ml with both a Direct Inlet and Adjustable Tube

Sample Request

Name: ................................................................................
Address: ............................................................................
...........................................................................................
Phone Number: ..................................................................
Email: ................................................................................

Please indicate sample required:

☑ Baby Bear (150ml) Direct Inlet
☑ Baby Bear (150ml) Adjustable
☑ Mummy Bear (250ml) Direct Inlet
☑ Mummy Bear (250ml) Adjustable

Return to: Marketing Department, FREEPOST RRKC-BRRB-AZCG, Great Bear Healthcare,
1 Lambourne Crescent, Cardiff Business Park, Llanishen, Cardiff, CF14 5GF

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helps to decrease fear and promote acceptance, and thus potentially aids recovery. Some children will need to continue using continent devices at home; the Mummy and Baby range has been designed to ensure that the child’s clinical needs are met, while maintaining a reassuringly child-friendly image, that would not be out of place in a child’s bedroom.

REFERENCES


Figure 2. Centrally positioned strap hole securely supports bag.

Figure 3. Silky-smooth fabric.

Figure 4. Ridged connector.

Figure 5. Silicone sleeve facilitates overnight drainage.

KEY POINTS

- Children, families/carers need ongoing support and information to ensure effective catheter care.
- It is estimated that one in 12 children in the UK has problems with continence.
- Healthcare professionals need to keep abreast of all new products, so that they can best meet the child’s needs and priorities.
- The Mummy and Baby Bear leg bag range (Great Bear, Cardiff) has been designed specifically for babies and young children.
- The child-friendly design making it attractive and acceptable.