

Original Article

Assessment of Hindrances in Offering Prayers in Catheterised Patients

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ABSTRACT

Objectives: To determine the difficulties which hinder the Muslim patients with urinary catheters in offering regular prayers and help them solve those difficulties.

Design: A descriptive study.

Place and Duration of Study: The study was conducted in the department of Urology Foundation University Medical College and Fauji Foundation Hospital Rawalpindi from July 2008 to December 2009.

Inclusion Criterion: Muslim ambulant and mentally alert patients between the age 20 to 70 having a urinary catheter (urethral or suprapubic) were included in the study.

Patients and Methods: 500 volunteer patients from both genders fulfilling the inclusion criterion were included in the study. Patients were given a questionnaire and asked about their regularity regarding offering of prayers before the insertion of urinary catheter and any change in that aspect after the catheter was placed. They were asked to mention the hindrance faced by them in offering their regular prayers after they got the urinary catheter.

Results: Before insertion of the urinary catheter 39.2% patients were offering their prayers regularly, while after having been catheterized only 0.4% patients remained regular in their prayers. 30% mentioned about the urinary leakage alongside the catheter as a hindrance to prayers. 28% said they did not know how to perform Wudhu (washing of arms up to elbows, face and feet, and touching the hair on the front of the head with water) while they had a catheter inserted. 12% described urethral pain as a hindrance to offer prayers. Remaining 29.6% gave no reason for abandoning regular prayers. However, all the patients wished they could pray. Those patients complaining about urine leakage were managed. Those who did not know how to perform Wudhu in this situation were guided. Patients complaining of pain due to catheter were treated. Those who could give no reason were counseled. A positive approach on the part of the patients was observed after these measures.

Conclusion: Muslim patients having a urinary catheter can offer regular prayers. Urinary catheter is not a hindrance to prayers. Patients need to be counseled accordingly.

Key Words: Foley catheter, urinary leakage, antispasmodics, regular prayers.

INTRODUCTION

Urinary catheter is one of the most frequently used medical devices¹. Almost 25% of the hospitalized patients are catheterized^{2,3}. Majority of the patients who are catheterized are in the elderly age group and they have a saner and more responsible attitude towards regular prayers, a religious duty ordained upon all Muslims by Allah^{4,5,6}.

However, it has been observed that once an individual is catheterized he or she gives up prayers and finds difficult to perform this sacred duty. Many patients are mentally perturbed in this situation and want to offer prayers but find a hindrance to do so due to the presence of the catheter. These patients experience a very high level of anxiety and are constantly disturbed throughout the duration of catheterization. The present study was conducted to find out the difficulty which the patients having a urinary catheter faced in offering their regular prayers. The selected volunteer patients were

distributed a questionnaire in which they were asked to compare how regular they were in offering prayers before and after the insertion of the urinary catheter. It was discovered that most patients regretted their inability to offer prayers after they had the urinary catheter. They were asked to mention the actual difficulty which they felt in offering prayers after the catheter was inserted. Difficulties mentioned by the patients were pericatheter leakage, lack of knowledge about performing Wudhu while having a urinary catheter and urethral pain. All these difficulties are manageable. Overall, it was discovered that the main reason was just lack of knowledge about the relaxation given by Allah to the sick individuals in the method of Wudhu before offering prayers. Patients with pericatheter leakage were treated with bladder relaxant drugs, those with urinary infection were administered urinary antiseptics and urethral pain was managed by analgesics. All the patients were counseled and informed that if they could perform Wudhu before the

prayers it was fine, if they were unable to perform Wudhu still they could offer prayers by doing Tayammum (a relaxation in Wudhu given to the sick by Allah) ^{7,8}. The patients welcomed this counseling, their anxiety level was reduced and they were mentally relaxed.

PATIENTS AND METHODS

The present study was conducted in the department of Urology Foundation University Medical College and Fauji Foundation Hospital Rawalpindi from July 2008 to December 2009. A total of 500 Muslim, ambulant patients from both genders ranging between 20-70 years of age willing to participate in the study were included. A questionnaire was distributed to the patients. The patients were asked to select an appropriate answer from "regular, occasional and missing" to describe their pattern of offering five times daily prayers prior to and after insertion of urinary catheter. They were also asked to describe specifically what actual hindrance due to presence of the urinary catheter posed in offering the prayers. An MSU (midstream urine) and urine culture and sensitivity of all the patients were carried out. The quantity of distilled water in the balloon of the Foley catheter was kept at 10 ml. Those with the pericatheter leakage were given Tab Detrusital (Tolterodine) 2 mg BD. Similarly those patients having urinary infection were treated by oral urinary antiseptic according to culture and sensitivity reports. All the patients were informed that presence of a urinary catheter did not exempt a Muslim from offering five times regular prayers. Patients were told that some degree of pericatheter leakage which persisted in spite of treatment could be ignored. They were educated how to empty the urine bag prior to prayer time and tug the urine bag inside their clothes. The patients were told to perform Wudhu if they could while those unable to do Wudhu could offer prayers after Tayammum.

RESULTS

A total of 500 patients participated in the study. There were 300 male and 200 female patients (male to female ratio 1.5:1). The age range was 20-70 years (mean age 55.6 years).

There were 462 patients with urethral catheter while 38 patients had suprapubic catheter. The indications for having a urethral catheter in our patients are depicted in Table No.1.

The patients with suprapubic catheter had the indications as shown in Table No.2

39.2% patients were offering five times daily prayers regularly before being catheterized. Only 0.4% of the patients offered their prayers regularly after they had a urinary catheter. These two patients were male and had

suprapubic catheters. A comparison of the pattern of regularity towards prayers before and after the insertion of the Urinary catheter is given in Table No.3.

Table No.1: Indications for Urethral Catheterisation

Diagnosis	No	%
Benign Prostate Hyperplasia	180	38.96
Postoperative	110	23.80
Bladder Tumour	73	15.81
Vesical Stone	38	8.23
Neurogenic Bladder Dysfunction	31	6.71
Carcinoma of Prostate	30	6.49

Table No.2: Indications For Suprapubic Catheterisation

Diagnosis	No	%
Urethral Stricture	29	76.32
Neurogenic Bladder Dysfunction	9	23.68

Table No.3: Comparison of the Regularity Pattern of Prayers Before & after urinary catheter

Prior to catheter insertion			After catheter insertion		
Pattern	No	%	Pattern	No	%
Regular	196	39.2	Regular	2	0.4
Occasional	132	26.4	Occasional	0	0
Missing	172	34.4	Missing	498	99.6

Difficulties mentioned by the patients in our series for being unable to offer prayers are depicted in Table IV. 150 (30%) patients complained of leakage of urine at intervals alongside the catheter. This leakage of urine rendered their clothes and body unclean. These patients were administered Tab Detrusital (Tolterodine) 2 mg BD throughout the period of their catheterization. 64 (12.8%) patients had more than ten pus cells per high power field in their MSU. While 43 (8.6%) had symptomatic urinary tract infection with positive culture.

Table No.4: Hindrance In Offering Prayers

Hindrance	No	%
Pericatheter leakage of urine	150	30
Lack of knowledge about Wudhu in this situation	140	28
Urethral Pain	60	12
None	148	29.6

These patients were treated with antibiotics according to culture and sensitivity reports. These measures stopped the pericatheter leakage of urine. 140 (28%) patients did not know how to perform Wudhu while having an indwelling catheter. These patients were told they should perform Wudhu as before but if they were

unable to do that then Tayammum was enough for them. 60 (12%) patients complained of urethral pain as a hindrance to prayers. These patients were given simple analgesic Tab Paracetamol 500 mg SOS. This settled their pain. 148 (29.6) patients gave no reason for abandoning prayers. These patients were counseled.

Controlling the pericatheter leakage of urine, educating the patients about the relaxation given in Wudhu and facility of Tayammum, treating urethral pain and counseling of the patients led to a remarkable change in the overall approach of the patients. Their anxiety level was reduced and they felt convinced that having a urinary catheter offered no hindrance to offering regular prayers.

DISCUSSION

Urinary catheterization is such a common procedure that up to 25% of hospitalized patients have got a urinary catheter.^{2,3} An acute episode of urinary retention is almost always treated by insertion of a urinary catheter while many patients awaiting surgery for prostate problems or bladder tumour stay on catheter. It has been commonly observed that once a Muslim patient is catheterized, he or she abandons offering routine regular prayers notwithstanding the fact that prior to catheterization he or she was regular towards that aspect. Further, disease processes like benign prostate hyperplasia, bladder tumour and others which necessitate bladder catheterization pre- or postoperatively are maladies of those who are in their saner years of life. People in that age group have got a mature approach to religion and want to practice with faith and conviction.

We have come across patients in our routine practice who were having urinary catheters and were much anxious and disturbed because they were not offering their regular prayers as a Muslim. Some patients on this lapse were so deeply perturbed that they had tears in their eyes for not being able to offer prayers. This unique study of its kind was therefore started to find out the actual hindrance the Muslim patients with catheter felt in offering regular prayers, address their problems and help them in order to allay their anxiety and cater for an important aspect of their social and religious life. A more holistic management approach can be offered to the patients in this manner.

Regular prayer ("Sala") is one of the most important basic duties of a Muslim ordained by Allah.⁹ In Quran the importance of prayers has been highlighted at more than 65 times. There are thousands of sayings of the Prophet Muhammad (peace be upon him) emphasizing the importance of prayers. In fact the Prophet's final advice as he breathed his last was about prayers.¹⁰ Five times regular prayers are compulsory for all Muslims both in health and sickness. Having a urinary catheter

does not exempt a Muslim from performing this important duty. It is essential to be bodily clean before offering prayers.^{7,8} Allah has guided us how to get bodily clean (Wudhu) before offering prayers for those who are healthy and those who are sick.^{7,8} Allah does not put a burden greater than the capacity of an individual.¹¹ He has not placed any difficult thing in religion.¹² A Muslim is expected to follow the injunctions according to his capacity.¹³ The Prophet Muhammad also made it clear by saying that religion is easy¹⁴ and he added that you should follow my instructions according to your capacity. A Muslim patient is supposed to offer prayers even though he is so weak that he can do so only by lying on bed.¹⁵ Similarly, if he should be bodily clean (do Wudhu) before prayers but in case of inability to do so a relaxation has been provided in religion (Tayammum)^{7,8}.

In the light of above instructions from Quran and sayings of the Prophet Muhammad (Peace be upon him) we addressed the problems our patients. We discovered that 99.6% of our patients were missing prayers after having a urinary catheter whereas this figure was 34.4% prior to catheterization. All these patients who missed prayers were having an element of anxiety and felt perturbed on this great lapse on their part. Pericatheter leakage was disturbing in 30% of patients. This is a common complaint of patients having a urinary catheter both urethral and suprapubic. Stephen O Ikuerowo, Aderinsola A Ogunade, Taiwo O Ogunlowo, Charles C Uzodimma, and Julius O Esho reported 16.1% incidence of pericatheter leakage of urine in his series.¹⁶ These patients stated they could not pray because they felt their clothes and body were unclean. This leakage is due to detrusor spasms and should not be corrected by a larger catheter size. It is treated by bladder relaxant medication,¹⁷ treating symptomatic urinary tract infection (8.6% of our patients) and by reducing the volume of distilled water in the Foley catheter balloon. We administered Tolterodine (Tab Detrusital) 2 mg BD to control bladder spasms, gave antibiotics according to culture and sensitivity reports and kept the fluid in the balloon of Foley catheter at 10 ml. Todd W. Thomsen and Gary S. Setnik reported an incidence of urinary tract infections in catheterized patients between 3 to 10 % of per day of catheterization.¹⁸ Sanjay Saint and Benjamin A. Lipsky reported that 5 % of patients develop bacteriuria each day of catheterization.³ 28% of our patients were not praying because they did not know how to perform Wudhu while having a urinary catheter. These patients were told that they should just empty the urine bag and perform Wudhu as before and if they could not do Wudhu they should perform Tayammum (moving your hands on face and arms after putting the hands on clean soil: a relaxation given by Allah to the sick to obtain

cleanliness before offering prayers). 12% of our patients said urethral pain was disturbing and preventing prayers. In this group those with symptomatic urinary infection were treated with antimicrobials according to culture and sensitivity while others were given Tab Paracetamol 500 mg SOS. These measures settled the complaints of our patients. The patients received the counselling in a very positive manner. Their anxiety was reduced and they were convinced that having a urinary catheter was no barrier to offering prayers as a Muslim.

CONCLUSION

Urinary catheter is no barrier to offering regular prayers for Muslim patients. At the time of catheterization Muslim patients should be informed that they can offer their prayers as before. Patients should be inquired about any difficulty like pericatheter leakage and should be treated accordingly. Those ignorant about Wudhu in this condition should be counseled. A holistic approach to the patients' problems should be adopted. This would reduce the anxiety level of the patients especially those in the elderly age group.

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