

Appendix 2: Review protocols of study

Component	Description
Review question	What is the clinical and cost effectiveness of different types of long-term intermittent urinary catheters (non-coated, hydrophilic or gel reservoir) on symptomatic urinary tract infections, bacteraemia, mortality, and patient preference?
Objectives	To determine the most effective long term urinary intermittent catheter type to prevent infection.
Population	All patients with long term (>28days) urinary catheters <ul style="list-style-type: none"> • Catheter subgroups include suprapubic and urethral • At risk groups may include immunocompromised patients • Patients with previous history of UTI • Patients undergoing/had orthopaedic surgery Settings – primary care or community
Intervention	Non-coated catheters (note: reusable up to 7 days) Hydrophilic catheters (note: not reusable) Catheters with gel reservoirs
Comparison	As above
Outcomes	Symptomatic UTI Number (or average number) of symptomatic recurrent UTIs (within 3 months, 6 months or 1 year) Bacteraemia Number of catheters used per day/week Mortality Patient preference/ comfort (secondary outcomes – blood in urine and pH changes)
Search strategy	The databases to be searched are Medline, Embase, The Cochrane Library and CINAHL. Randomised controlled trials (RCTs) will be considered. If no RCTs are found well conducted cohort studies and observational studies may also be considered. Studies will be restricted to English language only Databases will be searched from 2002.
The review strategy	Meta-analyses will be conducted where possible. Only include hospital settings if no evidence is available from community settings. Only include intensive care settings if no other evidence is available from other hospital settings. If there is heterogeneity the following subgroups will be analysed separately: Age (adults, children)

Component	Description
Review question	In patients performing intermittent catheterisation, what is the clinical and cost effectiveness of non-coated catheters reused multiple times compared to single use on urinary tract infections, bacteraemia, mortality, and patient preference?
Objectives	To determine the most effective long term urinary intermittent catheter type (non-coated reused multiple times vs single use) to prevent infection.
Population	All patients with long term (>28days) urinary catheters <ul style="list-style-type: none"> • Catheter subgroups include suprapubic and urethral • At risk groups may include immunocompromised patients • Patients with previous history of UTI • Patients undergoing/had orthopaedic surgery Settings – primary care or community
Intervention	Uncoated catheters – single use, disposable
Comparison	Uncoated catheters – reusable (multi-use).
Outcomes	Symptomatic UTI Number (or average number) of symptomatic recurrent UTIs (within 3 months, 6 months or 1 year) Bacteraemia Mortality Patient preference/ comfort (secondary outcomes – blood in urine and pH changes)
Search strategy	The databases to be searched are Medline, Embase, The Cochrane Library and CINAHL. Randomised controlled trials (RCTs) will be considered. If no RCTs are found, well conducted cohort studies and observational studies may also be considered. Studies will be restricted to English language only No date restriction will be applied. Databases will be searched from their date of origin.
The review strategy	Meta-analyses will be conducted where possible. Only include hospital settings if no evidence is available from community settings. Only include intensive care settings if no other evidence is available from other hospital settings. If there is heterogeneity the following subgroups will be analysed separately: Age (adults, children)