

Catheter Management – Post Operative Full Clinical Guideline

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Contents

Section		Page
1	Introduction	1
2	Purpose and Outcomes	1
3	Abbreviations	1
4	Process for Post-Operative Catheter Management following Gynaecology Procedures	1
4.1	Bulking agents – Bulkamid injections	1
4.2	Following other continence procedures and vaginal surgery Colposuspension, AFS, Vaginal hysterectomy, pelvic floor repairs	2
4.3	Following Abdominal Surgery	2
5	Trial Without Catheter (TWOC)	2
6	Monitoring Compliance and Effectiveness	2
7	References	2
	Documentation Control	3

1. Introduction

Many women have difficulties getting their bladder function back to normal after gynecological surgery. This depends on many factors such as the site of surgery, pain, packs etc. It is therefore important to be vigilant for urinary retention after any pelvic surgery.

2. Purpose and Outcomes

The aim of this policy is to provide guidelines for removal and re-insertion of a urethral catheter for female patients and for the safe removal of catheter, and trial without catheter

3. Abbreviations

PVR	-	Post void residual
TWOC	-	Trial without catheter

4. Process for Post-Operative Catheter Management following Gynaecology Procedures

The following guideline to be observed unless otherwise indicated for clinical reasons.

4.1 Bulking agents – Bulkamid injections

Routinely these women will **NOT** have indwelling catheters

- Encourage the woman to pass urine within 4 hours of surgery. Measure and record volume voided on fluid balance chart.
- Do post-void bladder scan within 5-10 minutes of passing urine on 2 occasions before discharge:
 - If < 150ml patient will be discharged home when fit.
 - If between 150 - 250ml repeat in 4 hours.
 - If residual urine greater than 250mls and passing urine satisfactory (over 200mls), repeat bladder scan after next void. If residual volume remains raised, consider indwelling catheter overnight.

4.2 Following other continence procedures and vaginal surgery– Colposuspension, AFS,Vaginal hysterectomy, pelvic floor repairs

- Read instructions in the woman's notes regarding removal of catheter.
- Remove catheter on morning of day 1 post-op once the patient has started to mobilise (unless otherwise instructed).
- If vaginal pack has been inserted, ensure that this has been removed prior to removal of catheter.
- Check post-void bladder scan after 4 hours and
If the woman has NOT passed urine within 4 hours of surgery and feels no desire to do

so

- Encourage the woman to pass urine.
- Perform bladder scan:
- If in retention (i.e. > 500ml) pass indwelling catheter and leave overnight.
- If between 300 - 500ml – encourage woman to pass urine and review in 2 hours.
- If bladder is not full (i.e. <200ml) call doctor to review - ? dehydration or hypotension.
- If the patient has not passed urine at all after removal of catheter and is in complete retention, one of the urogynae Consultants should be notified to exclude complication.

4.3 Following Abdominal Surgery

Check in woman's operation notes for instructions re: catheter removal. If nil indicated:

- Remove catheter on morning of day 1 post op (unless otherwise instructed).
- Residual urine measurement is not necessary unless signs of retention develop.
- If signs of retention develop, inform doctor, re-catheterise patient.
- Maintain fluid balance chart for next 24 hours.
- Check analgesia and urine catheter dipstick to rule out infection.
- Remove catheter 24 hours later and TWOC.

5. Trial Without Catheter (TWOC)

If TWOC fails after removal of catheter, for reinsertion of indwelling catheter and allow the patient to go home.

Appointment should be made to see Urogynae Specialist Nurse for removal of catheter in 5-7 days in Gynae OPD unless otherwise instructed by the consultant.

6. Monitoring Compliance and Effectiveness

Audit compliance through Business Unit audit forward programme processes

7. References

BSUG guidelines and NICE Interventional procedures guidance [IPG138]
Published date: November 2005

NICE (2014) NICE Launches New Clinical Guidelines on Prevention of Healthcare associated Infections. Primary and Community Care.

Documentation Control

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	2	Dec 2013	Mrs J Chaplain, Urogynae Nurse Specialist	Update & Review
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