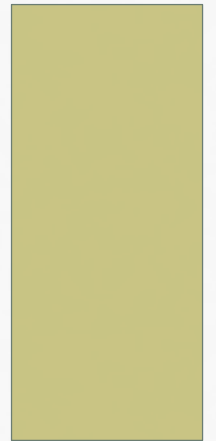


DIFFICULT CATHETERS

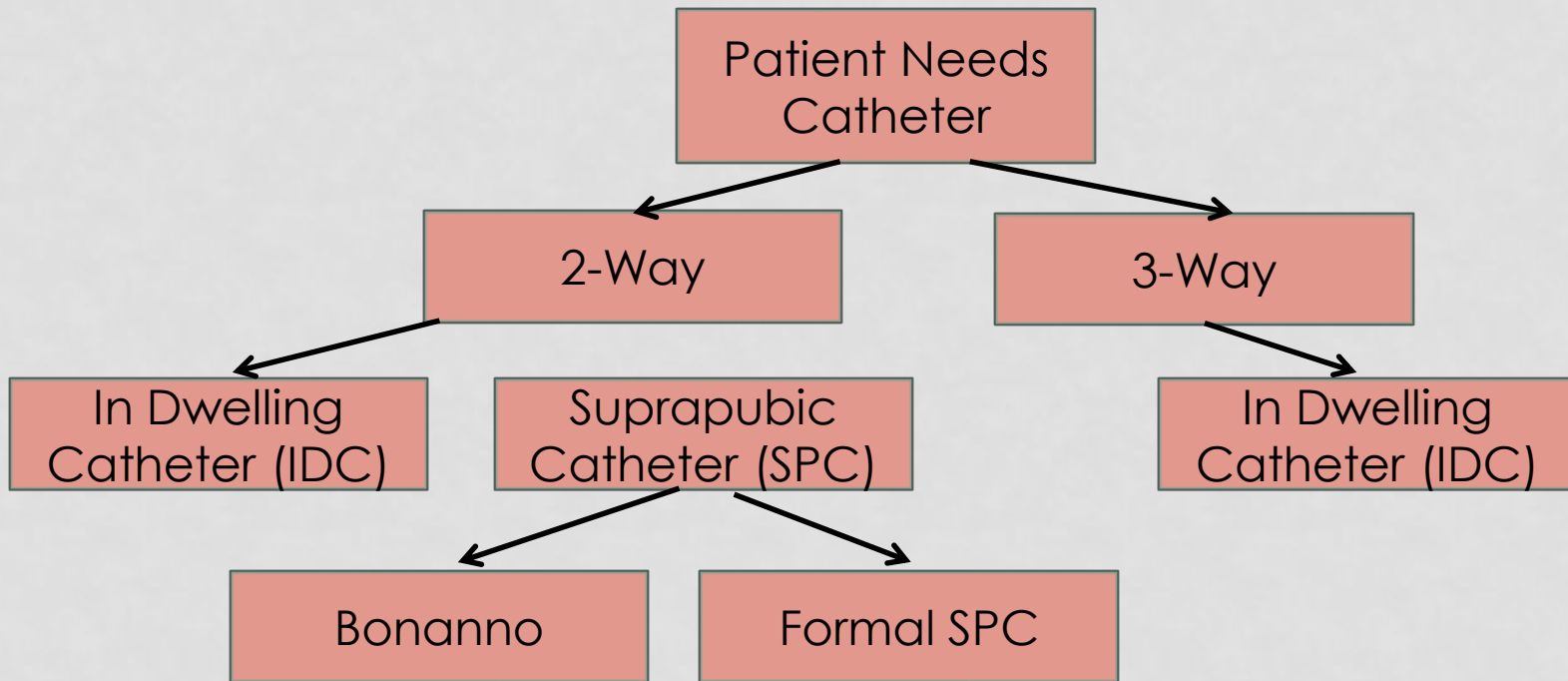
EMERGENCY TEACHING
DANE COLE-CLARK – UROLOGY REG POW



CATHETERISATION

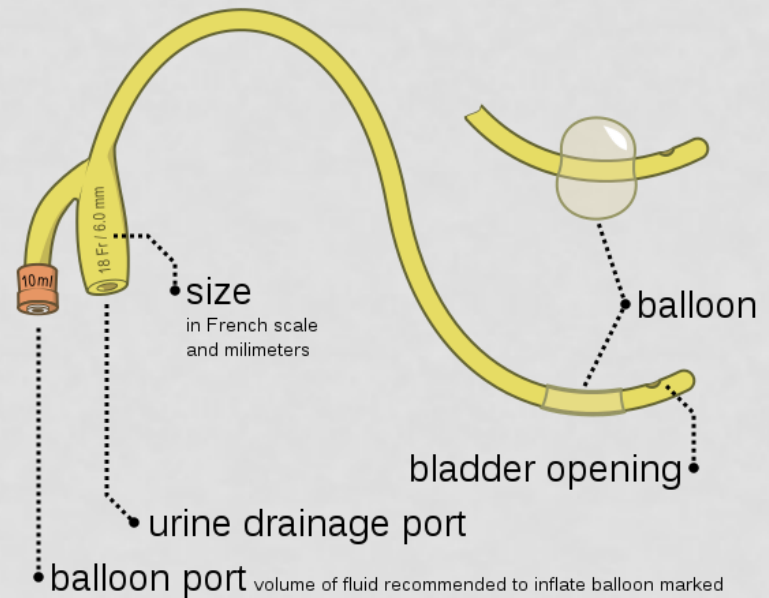
- Issues to know:
 - Acute Vs Chronic
 - Painful Vs Painless
 - History Regarding Colour of Urine: Decision re 2-way or 3-way IDC
 - Pre Void Bladder Scan – Estimated volume to be drained
 - Including the amount able to void and amount of retention
 - Volume Drained – Ensure correlated with Pre-Void Bladder scan
 - Bloods: EUC, FBC, CMP (if concerns re post obstructive diuresis)
 - Previous Urology History
 - Urology Anatomy – 1 vs 2 Kidneys; Previous Transplants
 - Previous IDC attempts
 - Previous SPC
 - Previous Urological Procedures – Indication of able to attempt or if difficulty if risk of stricture
 - Including eMR Sort → Operation Reports → Previous Cystoscopy: Will give hints if anticipated to be challenging

DECISION MAKING...



2-WAY IDC

- Uses: Drainage of Retention
- Limitations: Allows outflow, if requires inflow either need to flush or can instill and spiggot.
- Sizes:
 - Male: 16F
 - Female 14F
- Challenges:
 - Difficulty navigating the prostate, strictures, nervous patients with contracted sphincters



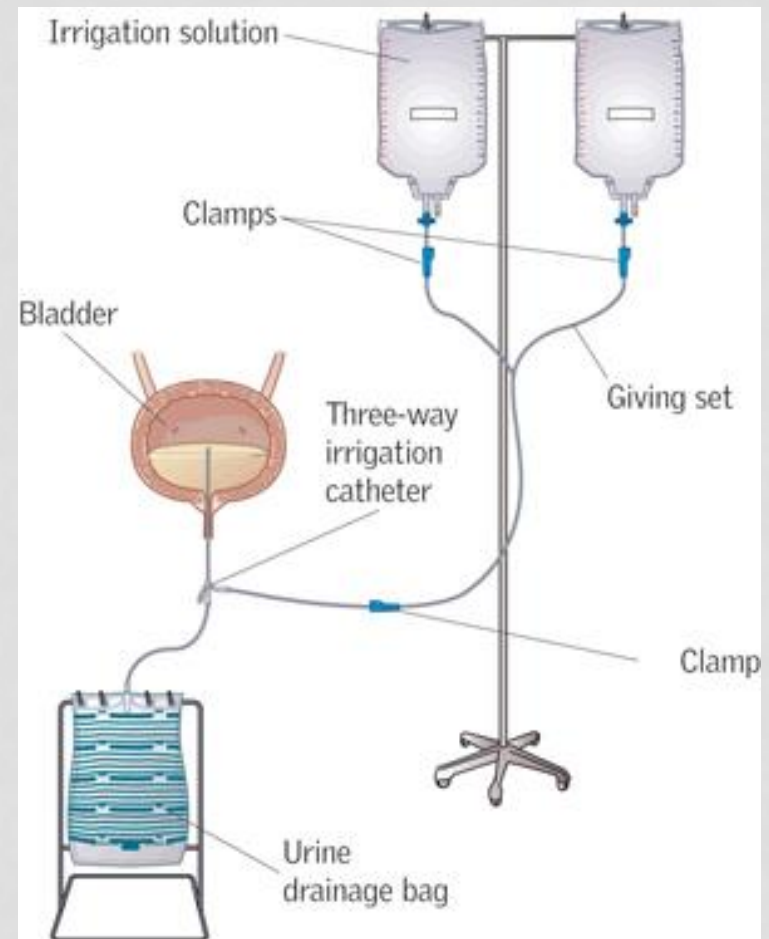
3-WAY IDC

- Uses: Drainage of Haematuria + Allows continuous bladder irrigation
- Limitations: More rigid, risk of false passages
- Sizes:
 - Male: 20-22F
 - Female 20-22F
- Challenges:
 - Difficulty navigating the prostate, strictures, nervous patients with contracted sphincters

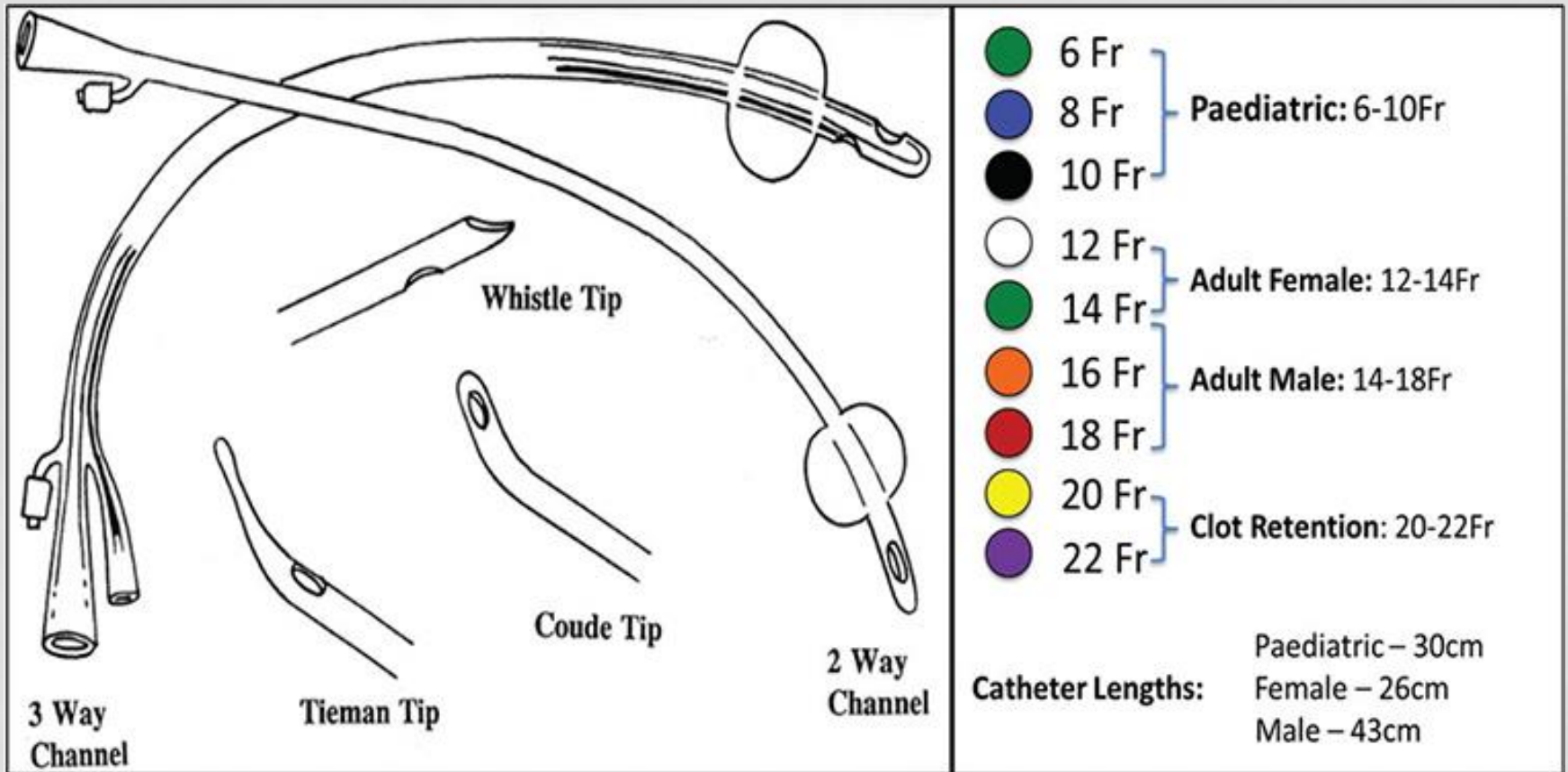


CONTINUOUS BLADDER IRRIGATION

- Haematuria
 - Larger catheter usually better (22F) if possible
 - Best time for bladder washout is time of IDC insertion
 - Ensure able to see flow rate via drip chamber

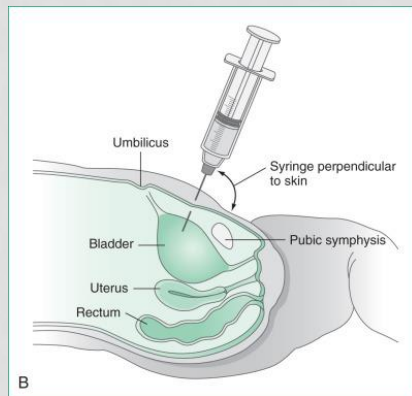


CATHETER TIPS

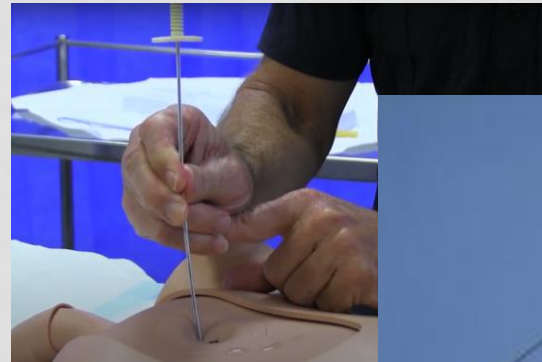


SUPRAPUBIC CATHETER (SPC)

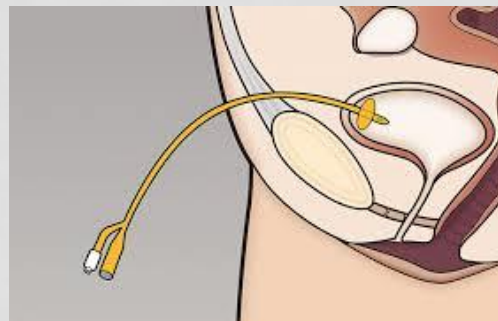
Options if difficult IDC without Urology Service



Aspiration of Bladder



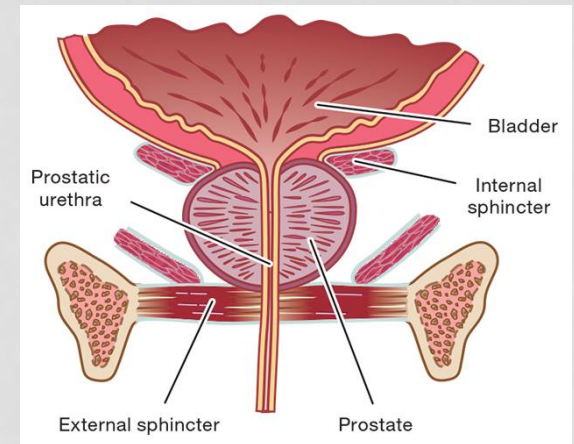
Bonanno



Formal SPC

DIFFICULT IDC TIPS

- Ensure Patient Relaxed
 - Often Sphincter is confused for Prostate obstruction
- 2x Lignocaine Jelly
 - Ensure they stay within the urethra!
- Use Lignocaine Jelly Tip to dilate Urethra
 - Particularly useful in female patients
- If challenging then consider increasing size of IDC
 - More Rigid which may navigate prostate
- Consider changing catheter tip
 - Coude to navigate prostate
- If in doubt Urology Involvement
 - Determine where the obstruction is and how far you can put the IDC in and what has been attempted
 - Will assist us with knowing what to bring



WHEN TO INFLATE THE BALLOON?

- 1) Ensure IDC all the way to the hilt
- 2) Ensure Urine Flowing through IDC
- 3) Watch patients face when inflating the balloon, feel for significant resistance
- 4) Pull IDC back and feel balloon tug on bladder neck

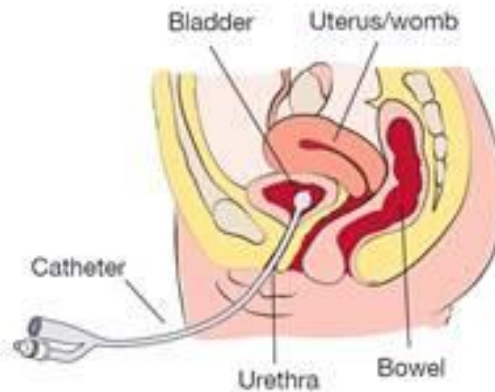


Figure 1 – Female catheter

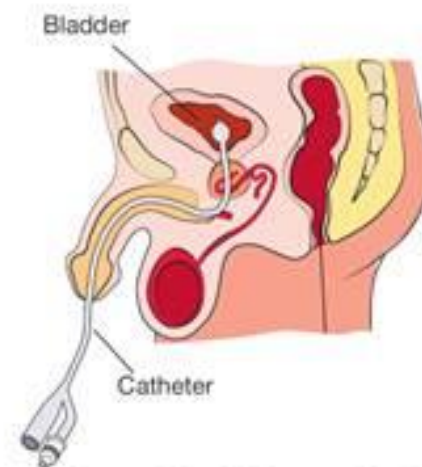


Figure 2 – Male catheter

COMPLICATIONS



False Passage

Purohit-Blaivas Stricture Staging System



Stage 1:
Easy
passage of
the scope



Stage 2:
Gentle dilation
required for
scope passage



Stage 3:
Impassible
but has a
visible lumen



Stage 4:
No visible
lumen

Urethral Stricture

QUESTIONS?

