Gold Standard Management for Acute Urinary Retention for Patients' presenting to the Emergency Department

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Disclosures - None

Learning Outcomes

- Outline of the Management of Acute Urinary Retention

- Overview of a change in practice for the management of Acute Urinary Retention In an Emergency Department
  * How we did it
  * The Outcomes
  * Patient Feedback
- Benefits to the Clinicians and the Patients
- Understanding of the damage indwelling catheters can cause.

Acute Urinary Retention (AUR)

- Painful
- Requires immediate treatment by catheterisation (5)
- Is responsible for over 30,000 hospital admissions in the UK and many more visits to the Emergency Department (1,2)
- Has an incidence of 3/1000 patients each year (3)

Reasons for AUR

- Benign prostatic hyperplasia (BPH)- 53 %
- Constipation – 7.5%
- Prostate Cancer – 7%
- Urethral Stricture - 3.5 %
- Postoperative – 5 %
- Neurologic disorder – 2%
- Medications/drugs – 2%
- Urinary Tract Infection (UTI) – 2%
- Urolithiasis – 2%
- Miscellaneous – 16 %

Complications of AUR

- Infection
- Renal Failure

Management of AUR

- Full assessment
- Urethral catheterisation is the usual method employed in the UK (4)
- This was the method used in the Bailiwick of Guernsey

- Patient presents to the ED in Acute Urinary Retention
- Full assessment undertaken and bladder scan
- Indwelling catheter inserted
- Patient referred to the Urological CNS and Community Nurse for follow up
- CNS would contact patient GP and get appropriate medication prescribed (alpha blocker, laxative) and arrange follow up and Trial Without Catheter (TWOC) in 2-3 weeks
- Should TWOC fail, patient would be taught Clean Intermittent Self-Catheterisation (CISC) and monitored

Why could I not have been taught this from the beginning as it is much more comfortable?

Barriers

Nurses

Concerns were raised about the time it would take them to teach patients.

Findings from time and motion study revealed teaching patients took 15 minutes whilst inserting IDC took 30 minutes

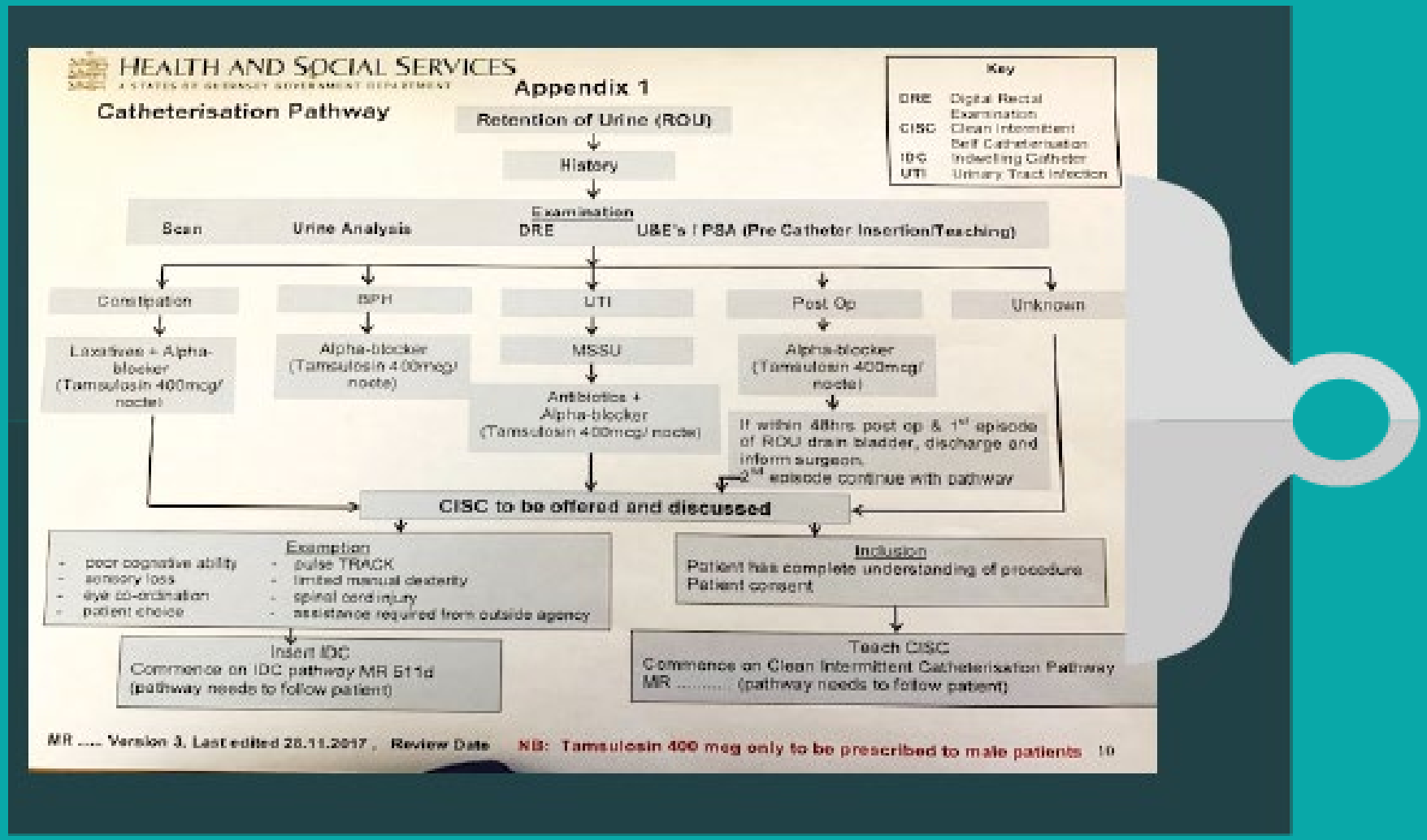
Medical Staff

Medication, bloods, CISC Flow chart

Patients

Support, reassurance

First Line Treatment



HEALTH AND SOCIAL SERVICES

Appendix 1

Catheterisation Pathway

Key

DRE Digital Rectal Examination
CISC Clean Intermittent Self Catheterisation
IDC Indwelling Catheter
UTI Urinary Tract Infection

Retention of Urine (ROU)

History

Examination

Scan | Urine Analysis | DRE | U&E's / PSA (Pre Catheter Insertion/Teaching)

Constipation → Laxatives + Alpha-blocker (Tamsulosin 400mcg/ nocte)

BPH → Alpha-blocker (Tamsulosin 400mcg/ nocte)

UTI → MSSU → Antibiotics + Alpha-blocker (Tamsulosin 400mcg/ nocte)

Post Op → Alpha-blocker (Tamsulosin 400mcg/ nocte)

If within 48hrs post op & 1st episode of ROU drain bladder, discharge and inform surgeon.
2nd episode continue with pathway

Unknown

CISC to be offered and discussed

Exemption
- poor cognitive ability
- sensory loss
- eye co-ordination
- patient choice
- pulse TRACK
- limited manual dexterity
- spinal cord injury
- assistance required from outside agency

Insert IDC
Commence on IDC pathway MR 511d
(pathway needs to follow patient)

Inclusion
Patient has complete understanding of procedure
Patient consent

Teach CISC
Commence on Clean Intermittent Catheterisation Pathway
MR ..... (pathway needs to follow patient)

MR ..... Version 3, Last edited 28.11.2017 , Review Date NB: Tamsulosin 400 mcg only to be prescribed to male patients 10

Problems & Solutions

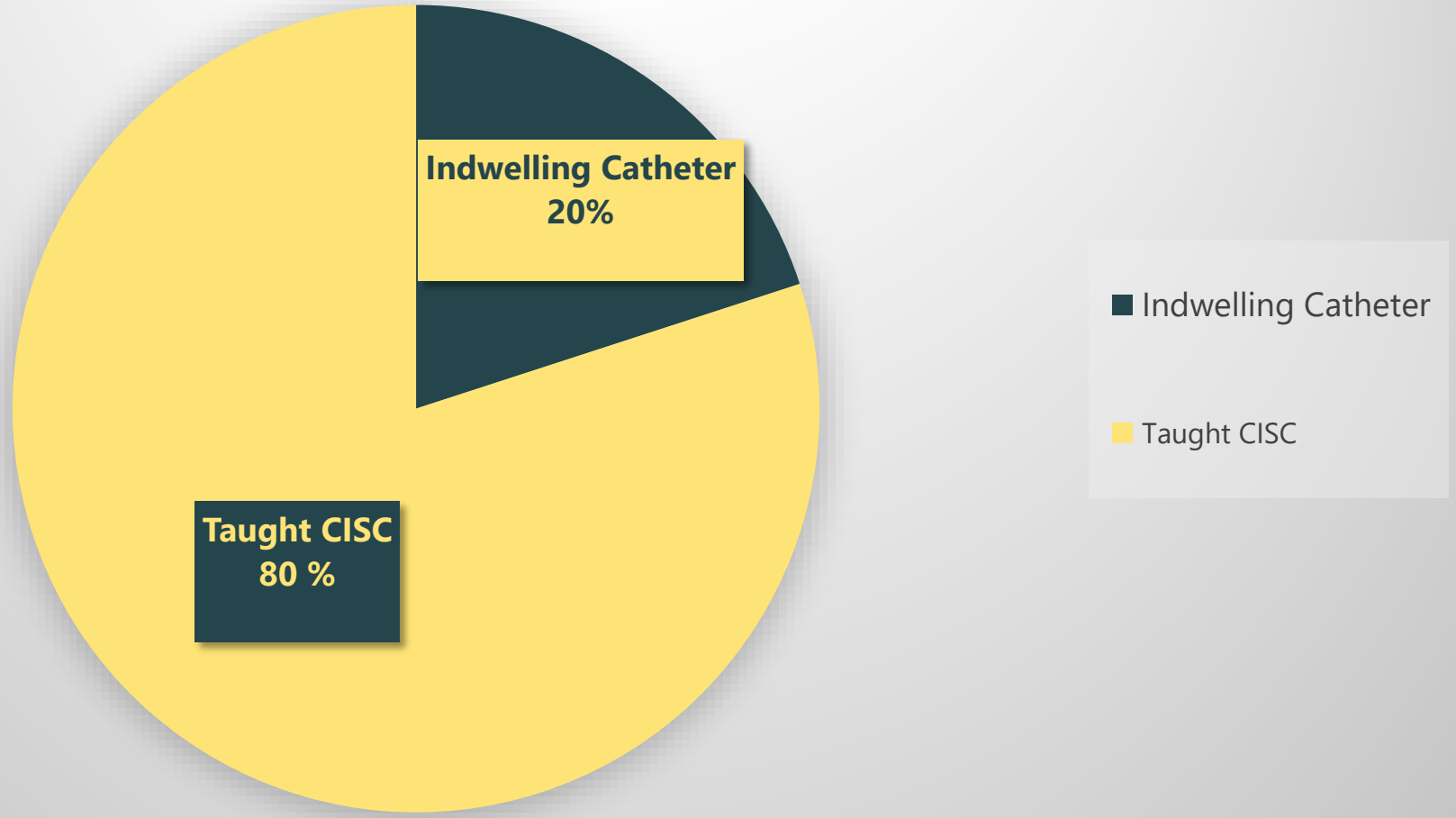
- Medical staff not prescribing the alpha-blockers

- Attend monthly medical meetings
- Introduce / go through the pathway
- Good support from Consultant Urologist

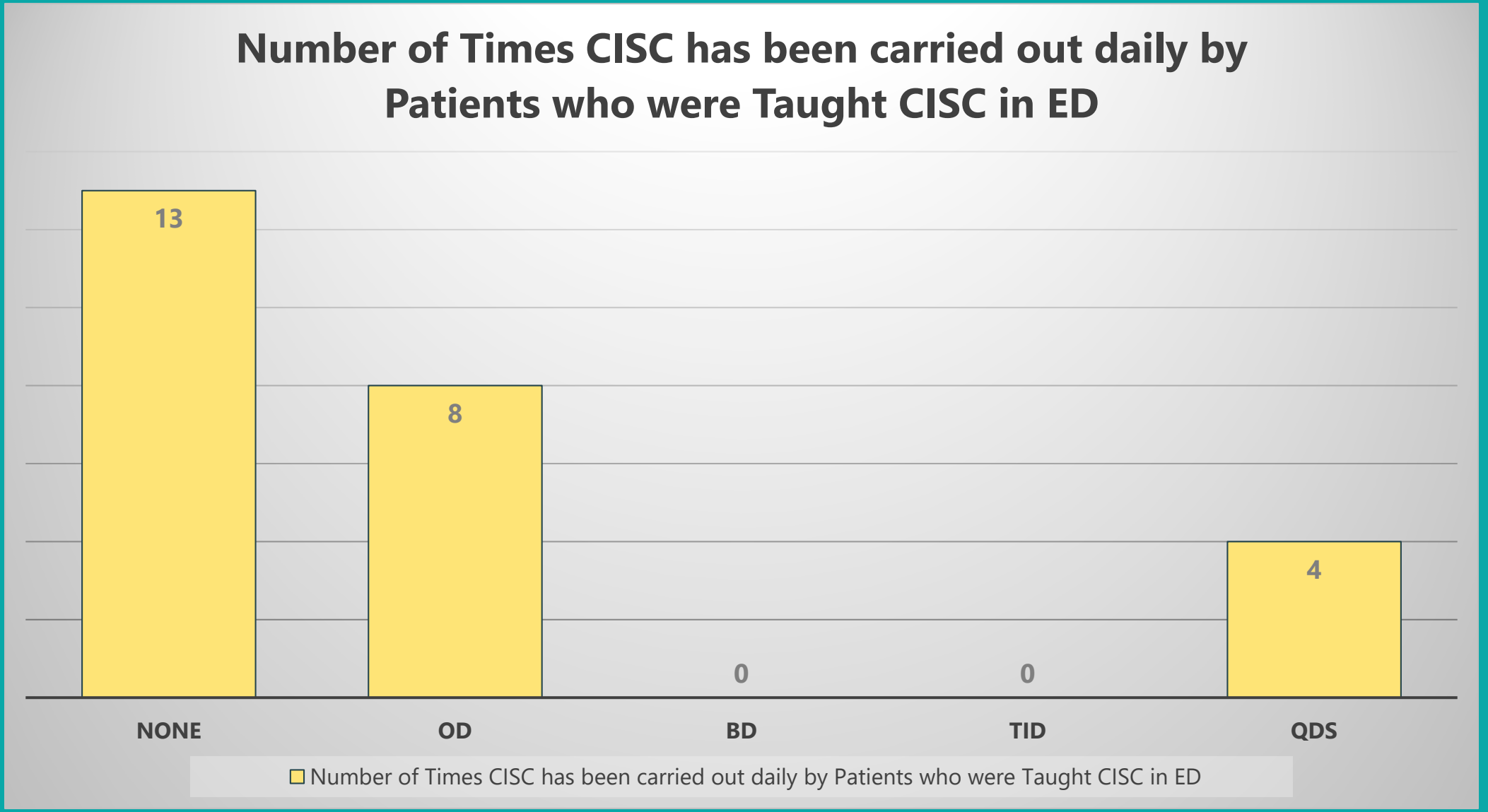
Safer Everyday

Outcomes

Type of Catheterisation used August 2016 - June 2019



Outcomes


Number of Times CISC has been carried out daily by Patients who were Taught CISC in ED
13
8
0
0
4
NONE
OD
BD
TID
QDS
Number of Times CISC has been carried out daily by Patients who were Taught CISC in ED

Patients' Perspective

"CISC provides 24 hours a day of normal comfortable living"

"CISC offers convenience and comfort"

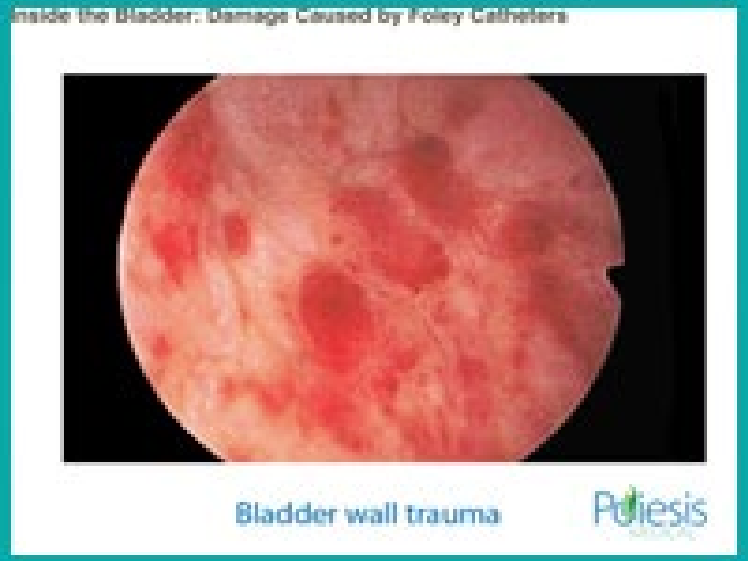
"CISC is more convenient with more freedom"

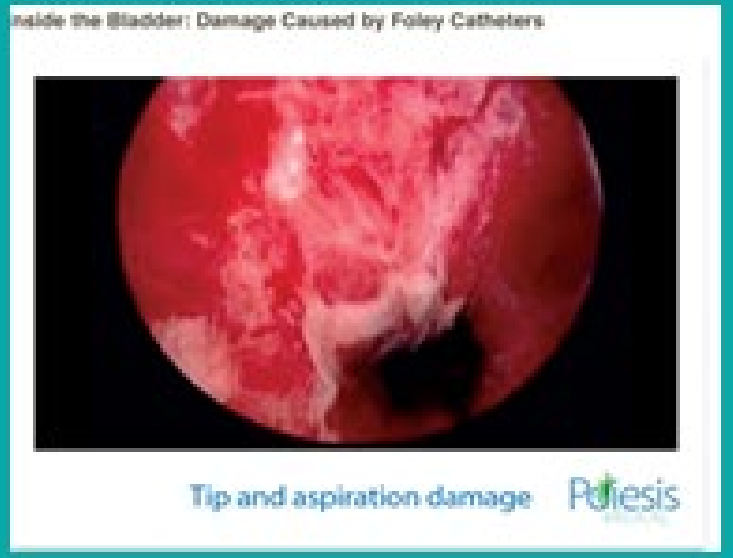
"Simple and convenient"

"I found the CISC system simple and easy to use, once familiar with it having tried leg bags and indwelling catheter. I'm much more comfortable and happier now with CISC"

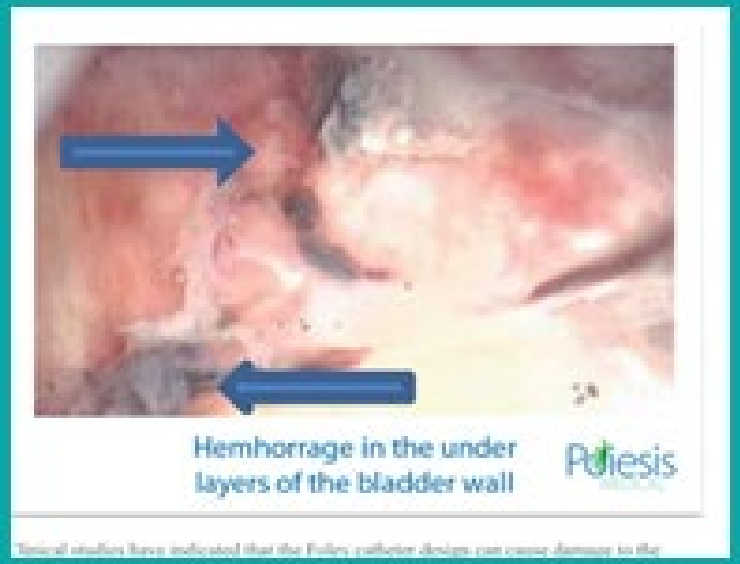
"Can do it yourself, privacy"


Healthy Bladder
Poliesis


Inside the Bladder: Damage Caused by Foley Catheters
Bladder wall trauma
Poliesis


Inside the Bladder: Damage Caused by Foley Catheters
Tip and aspiration damage
Poliesis


Inside the Bladder: Damage Caused by Foley Catheters
Polypoid Cystitis
Poliesis


Hemhorrage in the under layers of the bladder wall
Poliesis


Inside the Bladder: Damage Caused by Foley Catheters
Tip damage
Poliesis

Catheter Associate Urinary Tract Infections (CAUTI) and Other Complications

- 70-80 % of CAUTI attributable to indwelling urethral catheter
- Using CISC has reduced or eliminated incidences of CAUTI
- No patients in the study developed CAUTI or other complications such as obstruction or prostatitis
- No patients in the study required a hospital admission

The WOW Factor

- Teamwork to deliver a Gold Standard Service
- Preventing Catheter Associated Urinary Tract Infections and other complications
- Patient Comfort and Satisfaction

References

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Thanks for listening.

Any questions?