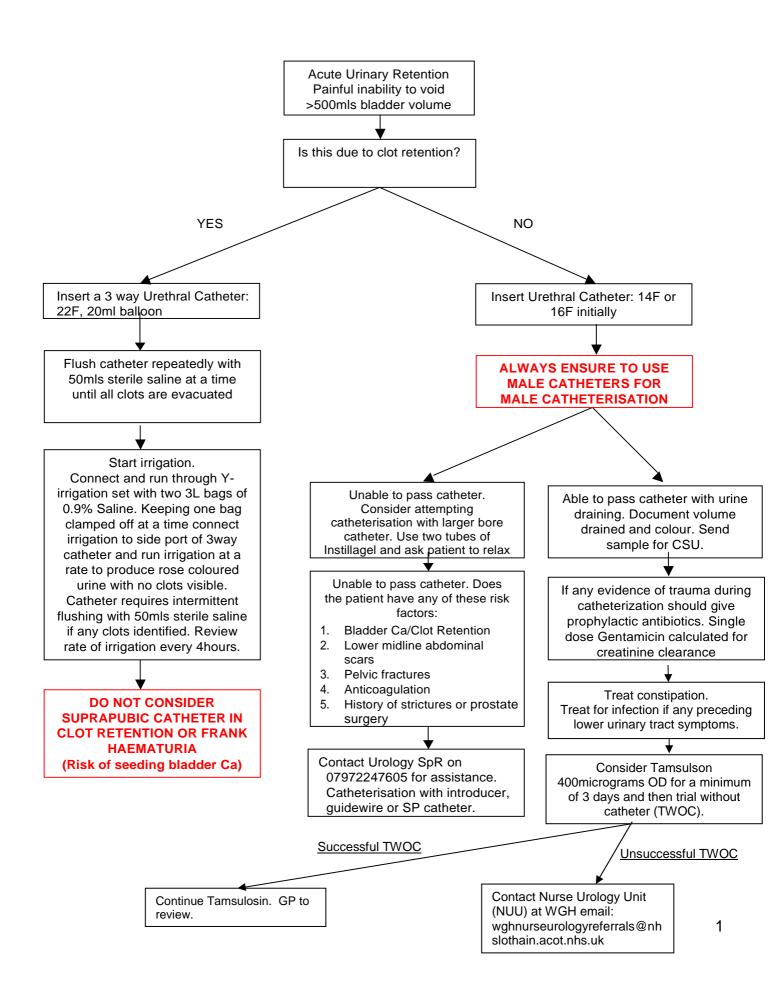
Critical Care Guidelines FOR CRITICAL CARE USE ONLY



Urology Guidance for Critical Care Patients



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Table 1: Causes of Urinary Retention

Both Sexes	Women	Men
Pain	Pelvic prolapse	Benign prostatic hyperplasia
Haematuria resulting in clots obstructing the urethra	Post stress incontinence surgery	Urethral stricture
Pelvic fracture causing urethral rupture	Pelvic masses	Prostatic abscess
Drugs: Antiarrhythmics, Anticholinergics,	Fowler's syndrome (impaired	Prostate Cancer
Antidepressants, Antipsychotics, Hormonal	relaxation of external sphincter in	Urethral trauma
agents, Muscle relaxants, Sympathomimetics	premenopausal women. Association	Straddle Injury
alpha and beta.	with polycystic ovarian syndrome)	
Neurotropic viruses (HSV, HZV)		
Sacral spinal cord injury		
Multiple sclerosis		
Diabetic neopathic bladder		

Table 2: Troubleshooting Catheters

Problem	Suggestion
Catheter blocked	Check position of catheter. Regular bladder washouts with 50mls sterile saline, and increase catheter size to larger lumen.
Catheter bypassing	Remove 1-2ml from catheter balloon. Can prescribe antispasmodic eg: solifenacin
Failure to void after removal	See previous page (Unsuccessful TWOC)

Types of Catheter

Short Term: Foley, rubber, latex catheters. Can be left in place for up to 6 weeks. Flexible and cheap.

Long Term: Silastic, latex free, Teflon catheters. Can be left in place for up to 3months.

Three Way: Allow saline to run in and out of the bladder to dilute haematuria and prevent clots blocking the

catheter.

Suprapubic Catheters

Indication: Failed urethral catheterization. Preferred site for long term catheters.

Technique: THIS SHOULD ONLY BE PERFORMED BY AN EXPERIENCED PERSON. Always aspirate using a green needle prior to insertion. The British Association of Urological Surgeons recommend all SPCs are inserted under ultrasound guidance. Mediplus SP catheter kits come with a seldinger introducer set. Otherwise, a BARD 16F or 14F will suffice.

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