Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

A simple method to overcome difficult male urethral catheterisation

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BACKGROUND

Urethral catheterisation can sometimes be difficult especially in men with large obstructive prostates or following transurethral resection of the prostate. The use of angled tip catheters or introducers can be tried in these cases, but are sometimes difficult to find in the acute setting or are not available. In addition, urethral trauma can be easily caused by the inappropriate use of these methods.¹ An alternative, cheaper and safer method is described.

TECHNIQUE

A size 12-F silicone catheter is used with the tip of the catheter folded backwards about 2 cm proximal to the tip (about mid-way along the length of the balloon). After lubricating the urethra with gel, the catheter can then be introduced into the urethra with the tip being held in position by a finger, pointing upwards (Fig. 1). The catheter is then slid down the urethra maintaining catheter orientation until the tip flips back in the bladder and urine starts draining through.

DISCUSSION

This technique gives the catheter a rounded and firmer distal end that can easily glide through the bulbous urethral curve and the prostate without jamming the tip against the posterior surface of the above mentioned anatomical sites that might be caused by the tip of straight or angled tip catheters. This method has been successfully used in more than 10 patients after failing normal catheterisation. No patient has complained of any pain during this procedure.

Figure 1 Method of bending the catheter tip and holding it in position during introduction.

Reference

1. Buddha S. Complication of urethral catheterisation. *Lancet* 2005; **365**: 909.

Biplanar intra-operative upper limb screening: a novel technique using standard and mini-image intensifiers

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BACKGROUND

Closed reduction and internal fixation of upper limb fractures is usually performed under image intensifier guidance. Accurate reduction can only be confirmed by obtaining images in two perpendicular planes. The surgeon may change the position of either the C-arm or the limb in order to acquire images in both 'AP' and 'lateral' planes. Moving the limb risks fracture displacement if the injury is unstable. Conversely, repositioning the C-arm is time