Letters and comments

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LETTER

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An interesting and unusual case of incontinence

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We should like to bring to your attention an interesting and unusual case of postoperative incontinence. Two days after laparotomy, while confused, a normally continent 86-year-old man traumatically pulled out his urinary catheter. The catheter was discarded at the time by the night nursing staff. Following this, the patient was completely and persistently incontinent to urine.

Two pelvic ultrasound scans showed a low residual volume, and spinal magnetic resonance imaging was normal. A flexible cystoscopy was performed identifying the cause – the distal 14 cm of the catheter bridging the bulbar urethra, acting as a stent. This was removed at cystoscopy resulting in a return to normal continence.

Due to the low friction nature of the silicone catheter, it was surprising that the catheter section remained *in situ* over the bulbar urethra. Has anyone else seen a similar case as none of the surgical team involved had come across this scenario before?

COMMENT ON

doi 10.1308/003588409X358971

S Sinha, A De, N Jones, M Jones, RJ Williams, E Vaughan-Williams. Patients' attitude towards the use of a chaperone in breast examination. *Ann R Coll Surg Engl* 2009; **91**: 46–9

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Doctors' attitude towards the use of chaperones for intimate examinations

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We read this article with interest having conducted a similar study amongst 290 urology out-patients undergoing digital rectal and vaginal examinations. Our findings were comparable, concluding that patients should be offered a chaperone even if then declined.

We also surveyed 47 doctors to discover doctors' attitude towards chaperones. Sinha *et al.* do not emphasise that the chaperone is for the protection of both patient and clinician. Thirty-two percent of patients in the study of Sinha *et al.* and 22% of patients in our study preferred the chaperone to be their spouse or relative whilst 60% of the doctors we surveyed preferred the chaperone not to be related to the patient. Guidance from the General Medical Council (GMC) suggests that 'a relative or friend of the patient may be an acceptable chaperone' contrary to the recommendations of the Ayling Inquiry that chaperones should not be friends or relatives of the patient.^{1,2}

Significantly for medicolegal implications, we found that 74% of doctors did not document chaperone use. GMC guidance recommends that doctors 'should record any discussion about chaperones and its outcome', advice reiterated by the Medical Defence Union.^{1,3}

We would like to emphasise that chaperones are for the protection of doctors as well as patients, and their use and documentation of it should be an integral part of the examination routine.

References

1. General Medical Council. Intimate Examinations. Chaperones. In: *Maintaining*