COMMENT ON

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Additional application in bladder irrigation after TURP or TURBT

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It is with great interest that we read the article by Davies *et al.* describing a simple technique making use of two irrigation

bags at different heights to ensure continuous irrigation during arthroscopy. We encounter a similar situation during endo-urolological procedures.

We have, therefore, made use of this technique to ensure uninterrupted flow of irrigant while performing transurethral resection of prostate (TURP) and bladder tumours (TURBT). During such procedures, interrupting the flow of irrigant, even for a very short period to change the bags, may severely compromise the surgeon's visibility due to bleeding and unnecessarily prolong and complicate the surgery. Therefore, we also note a significant additional technical advantage when making use of this modification to the irrigation fluid set-up.

One common problem in patients on the wards with gross haematuria requiring continuous bladder irrigation is blockage of the catheter by clots when the irrigation bags empty and are not promptly replaced, particularly at night. We, therefore, also suggest the use of this set-up on the urology ward in patients requiring bladder irrigation after TURP or TURBT in order to preventing clot occlusion of the catheter.

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