Reducing false passages: a novel technique for difficult urethral catheterisation

RAJESH NAIR, DAVID HOLROYD, GREGORY SHAW, JAMES GELISTER

Department of Urology, Chase Farm Hospital, Barnet & Chase Farm NHS Trust, Enfield, UK

CORRESPONDENCE TO

Rajesh Nair, Department of Urology, Chase Farm Hospital, Barnet & Chase Farm NHS Trust, The Ridgeway, Enfield EN2 8JL, UK
E: drrajnair@hotmail.com

BACKGROUND

Male catheterisation is an essential skill for healthcare professionals. Difficulty in catheterisation using a standard technique is common. Failure may necessitate suprapubic or cystoscopic placement of a catheter. A number of techniques for difficult urethral catheterisation have been described, including the passage of a narrow, reinforced or angled tipped urethral catheter, the blind passage of a

Figure 1 Sterile insertion of a 7-Fr ureteric catheter per urethra to overcome the obstruction. Aspiration of urine from the port confirms the position of the catheter within the bladder.

Figure 2 An angled or floppy-tip ureteric guide-wire is passed through the ureteric catheter into the bladder and the ureteric catheter is then withdrawn, ensuring the guide-wire remains in place.

Figure 3 The Foley catheter (with the tip removed) is rail-roaded over the guide-wire into the bladder.

guide-wire into the bladder or the use of an introducer.¹ These techniques, however, carry a significant risk of urethral trauma and false passage creation.² We describe an alternative, simple and safe technique for difficult urethral catheterisation.

TECHNIQUE

The patient is cleaned, draped and lignocaine jelly is instilled into the urethra. An angled open-ended taper tip ureteric catheter is gently introduced per urethra and advanced until the obstruction is overcome (Fig. 1). Aspiration of urine with a syringe confirms position within the bladder. A ureteric guide-wire is threaded through the ureteric catheter until judged to be in position (Fig. 2). Filiform dilators may be passed over the guide-wire to dilate a stricture or bladder neck contracture. The ureteric catheter is withdrawn leaving the guide-wire in position and a Foley catheter with its tip removed is rail-roaded over the guide-wire (Fig. 3). The guide-wire is subsequently removed and the Foley catheter balloon inflated to secure its position.

DISCUSSION

This is a safe and effective method of treating urethral obstruction and can be attempted by those without urological experience. We recommend it in patients who are difficult to catheterise, especially when cystoscopy is not immediately available.

References

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