Blind hydrophilic guidewire for difficult urethral catheterisation

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BACKGROUND

The inability to pass a urethral catheter is a common urological emergency. A flexible cystoscope is not always available for direct visualisation, insertion of a guidewire and railroading of a catheter in the event of a difficult catheterisation. We describe a technique using a hydrophilic guidewire (Glidewire®; Terumo, Somerset, NJ, US; Fig 1) that may reduce the need to perform emergency suprapubic catheterisation in cases where the cystoscope is not available immediately.^{1,2}

TECHNIQUE

Insert a soft ended hydrophilic guidewire through the urethral meatus following the application of topical local anaesthetic and wetting of the wire with sterile water. Advance the guidewire down the urethra as far as it will go. This is unlikely to cause urethral trauma owing to

the flexible, soft nature of the tip. If the wire is feeding through steadily, it is safe to presume the wire is in the bladder. If the wire cannot pass, it will recoil out of the meatus. If this occurs, pass the guidewire back down and manipulate it gently by rotating it at the point at which resistance is felt, which in turn will hopefully enable it to glide past the point of obstruction.

Pass an open ended catheter over the guidewire. Alternatively, use a cannula needle to pierce a hole at the end of the catheter, ensuring no disruption to the balloon. This will enable a standard catheter to be fed over the guidewire.

DISCUSSION

We have found this technique to be successful in most cases. Multiple attempts are not advised and documentation is imperative.

DECLARATION

The authors have no conflicts of interest. Other soft hydrophilic guidewires may be used but the authors only have expertise with the Terumo Glidewire®.

References

1. Blitz BF. A simple method using hydrophilic guide wires for the difficult urethral catheterization. *Urology* 1995; **46**: 99–100.
2. Zammit PA, German K. The difficult urethral catheterization: use of a hydrophilic guidewire. *BJU Int* 2004; **93**: 883–884.

Figure 1 The Terumo Glidewire®

A novel use of an anterior cruciate ligament FlipCutter® in intramedullary nailing to minimise soft tissue damage

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None of the authors have any commercial interest in any of the products described in this technical tip.

We present the use of a single-use anterior cruciate ligament FlipCutter® (Arthrex, Naples, FL, US) for intramedullary nailing in adolescent femoral and adult tibial fractures. This technique allows for a percutaneous approach with the FlipCutter® in neutral mode as a guidewire. The FlipCutter® is deployed to allow retrograde reaming (available in 6–13mm diameters), thereby creating a proximal entry point (Fig 1). This is performed under image intensifier guidance and reaming is stopped once the cortex has been breached. The FlipCutter® can be reverted to neutral and removed without any of the soft tissue damage associated with conventional drills or reamers.