

## Self removal of urinary catheter following a Robotic Assisted Radical Prostatectomy (RARP)

### What is a trial without catheter?

A trial without catheter [TWOC] is when your urinary catheter (a tube that passes through your waterpipe; urethra and drains urine from your bladder) is removed. It is important that you are able to pass urine sufficiently to have a successful trial without catheter at home.

This leaflet describes the TWOC process at home having recently undergone urological surgery. It is a simple procedure which allows you to remove the catheter in your own environment and prevents you having to come back to the Hospital.

### Why would I need this procedure?

Your catheter may have been inserted for one of several reasons, including:

- as a planned event after a procedure (e.g. a robotic-assisted radical prostatectomy)
- you were suddenly unable to pass urine (acute urinary retention)
- you were found to have an overfilled bladder (chronic retention)

### What are the alternatives?

The alternatives to removing your catheter at home, is having your catheter removed in the hospital. This take place in a clinic room, you must pass urine three time before you are discharged home.

### What are the potential risks?

You may be at risk of urinary retention; the below symptoms might indicate this:

- Not being able to pass urine
- Abdominal pain/discomfort (although this can be normal due to surgical incisions)
- A feeling of incomplete bladder emptying (although this can be normal, please seek advice from your Nurse Specialist)
- Increased frequency to pass urine
- Dribbling of urine

If you are concerned that you are going into urinary retention and need a catheter, put back in, please contact the Enhanced Recovery Nurse (please see page 6 for a full list of contact details) and we will arrange for you to be seen as soon as possible. Since your prostate was removed the risk to go into urinary retention is minimal.

## What are the expected benefits/ advantages to removing your catheter at home?

The advantages to removing your catheter at home are:

- **Safety:** It is completely safe to remove your catheter at home.
- **Comfort:** It is more comfortable and natural to pass urine in your home environment. The clinical setting can make patients feel pressurised.

## How do I know when to remove my catheter?

Before you are being discharged from the hospital, you should be told by the Consultant or Enhanced Recovery Nurse when you are due to remove your catheter at home. You will be trained how to use the syringe and remove your catheter. If you have not been told or trained, please ask before attempting to remove your own catheter.

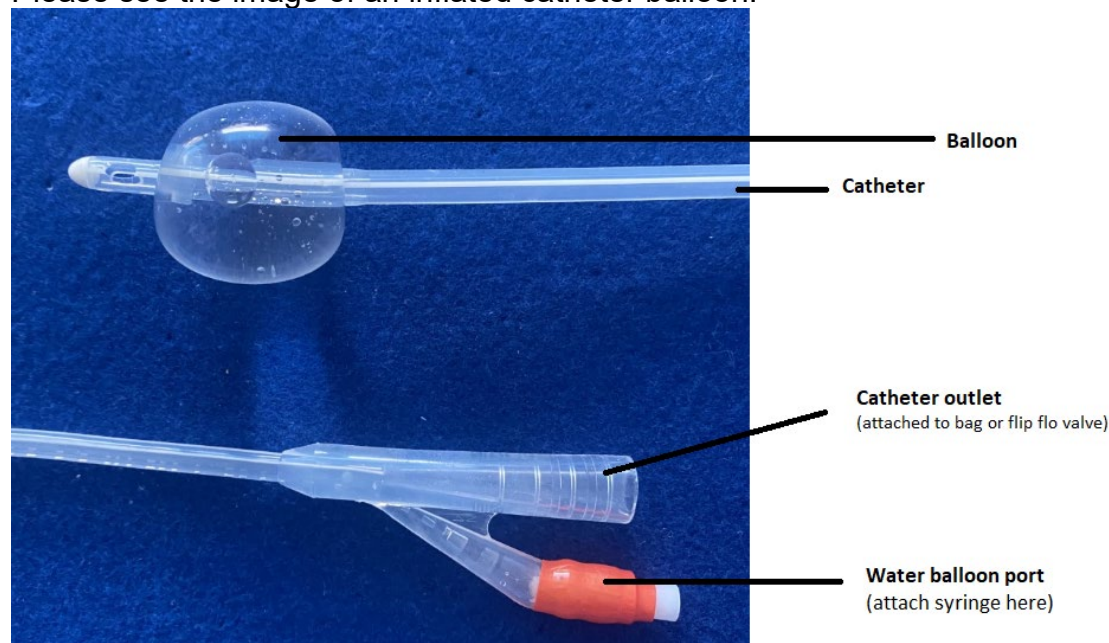
## What should I do before I remove my catheter at home?

Before removing your catheter, please ensure you have recently opened your bowels. If you are constipated, it may mean that you will be unable to pass urine without a catheter in place. This is because a full bowel can push into the bladder and make it more difficult for the urine to come out. Please let the Specialist Nurse know if you have any concerns about this. Please also make sure you are drinking plenty of fluids (ideally water) and avoid caffeinated drinks such as tea and coffee as much as possible.

## How do I remove my catheter at home?

The catheter is held in with a balloon, which has been inflated by filling it with sterile water (~20ml) after the catheter has been inserted into your bladder.

Please see the image of an inflated catheter balloon:



A urinary catheter as pictured above will be removed by attaching a syringe to the port on the end of the catheter and aspirating (removing) the water out into the syringe. Sometimes a small amount of water can be left behind which can cause more discomfort when the catheter is being removed. This method is mostly being carried out by trained healthcare professionals which often means that you have to attend the hospital for your catheter removal.

## The procedure to remove your catheter

Removing your own catheter at home is a very safe and easy procedure which should be done first thing in the morning (7am). Ideally, you should remove the catheter yourself while sitting on the toilet or standing in the shower.

- Please attach firmly the syringe to the catheter port and aspirate (remove) the water from the balloon. ***The other technique you can use, and is the one we use in our department, is to attach the syringe to the catheter balloon port and let the water be drawn out automatically by the syringe.***
- The balloon is usually inflated with 20ml of sterile water. **It is vital that all the 20mls of water are removed before you attempt removing the catheter.**
- You may need to repeat the process of attaching the syringe to the port and empty the syringe a couple of times until no more water comes out from the port- you will know that the water has been removed when you get air in the syringe.
- You may find that there is a small resistance and stinging/burning sensation at first, please do continue to pull gently on the catheter.
- If you feel that something is wrong or the catheter is not coming out, please call the Specialist Nurses at the hospital.
- Once the catheter is removed, please ensure you are wearing tight supportive underpants with the incontinence pads to catch any leakage.

## What should I do after the removal of my catheter?

- Stay hydrated, ensure to drink a cup of water every 1-2h (200ml), avoid caffeinated and fizzy drinks. **It is important that you avoid filling your bladder too quickly after catheter removal- this may cause bladder spasms.**
- You should be able to pass urine after 1-3h following the removal of catheter, depending on your fluid intake. Remember that your bladder will be empty initially after the catheter removal.
- It is not unusual to leak urine as soon as the catheter is removed. This is expected and will gradually improve.
- You can now start doing your Pelvic Floor muscle exercises. Please follow the guidance on the provided literature. Download the NHS Squeezy for Men on the App store or Google play. You should start your pelvic floor exercises - once in the morning, once in the afternoon and once in the evening. Each set should have three repetitions with each hold lasting three seconds. This is the initial start-up and then build it up according to how they teach you in the RARP school.
- The Nurse Specialist will call you around lunch time for an update, if you have any concerns or questions, please contact us.
- You may have some discomfort when urinating for the first 24-48 hours following your catheter removal, but this should resolve quickly.
- You may take painkillers (e.g., Paracetamol) to help ease any pain if required.
- You may have some blood in your urine, this is expected and as long as your urine is becoming less blood stained, this is not a cause for concern.

- You may still be at risk of urinary retention; the below symptoms might indicate this:
  - Not being able to pass urine.
  - Abdominal pain/discomfort (although this can be normal due to surgical incisions).
  - A feeling of incomplete bladder emptying (although this can be normal, please seek advice from your Nurse Specialist).
  - Increased frequency to pass urine .
  - Dribbling of urine.

If you are concerned that you are going into urinary retention and need a catheter put back in, please contact the Enhanced Recovery Nurse and we will arrange for you to be seen as soon as possible. Since your prostate was removed the risk to go into urinary retention is minimal.

## How will I feel afterwards?

### Incontinence

Urinary Incontinence is a recognised problem after a radical prostatectomy. This usually improves in the next couple of weeks/months. You may find that the improvement is gradual. To increase your chances to return to a good bladder function, it is very important that you continue to do your pelvic floor muscle exercises on a regular basis. You may find that nighttime continence improves in the first 2-3 weeks as well as the ability getting to the toilet in the morning without any major accidents. It is not unusual to have more incontinence in the afternoon and evening due to the sphincter muscle becoming tired over the course of the day. We discourage returning to work too early or doing any heavy lifting as this can put a strain on your body and result in late incontinence. Majority of our patients have good control over their urination after several weeks/months whilst there is a small risk (3-5%) that you may have lifechanging incontinence and require more than 2 Incontinence Pads throughout the day.

### Stress Incontinence

Stress incontinence is best described when your bladder neck and urinary sphincter muscle is put under a lot of stress (e.g., coughing, sneezing, heavy lifting). This can result in a small urinary leak due to the applied pressure on the bladder. Majority of our patient prefer to wear a Pad when they are doing any strenuous activities like sports or gardening. This can improve with regular pelvic floor muscles exercise but for small percentage of men this can be a long-term problem.

### Incontinence Pads

It is advisable to wear incontinence pads as soon as you removed your catheter. Incontinence Pads specifically designed for men can be obtained in any major supermarket, your local pharmacy or they can be ordered online. You can also order a surgical support from Prostate Cancer UK, which contains a number of pads free of charge. Please call them on **0800 – 0748383, select option 2**. Please continue to wear the pads until you regained good control over your urination. If you struggle with your bladder function your local GP Surgery will be able to refer you to a continence service for further assessment.

### Pelvic Floor exercises

It is very important that you do your pelvic floor muscle exercises on a regular basis. We will provide you detailed instructions how to do these correctly and how often you should do them. If you have great difficulty performing these or struggle to locate the muscle itself inform the enhanced recovery nurses.

## How soon will I be able to resume normal activities?

Please adhere to post RARP protocol and avoid heavy lifting for 6-8 weeks.

## Will I have to come back to hospital?

If you do not go into retention, then it will not be necessary for you to come back to hospital after this procedure. Your post-surgery follow up, will continue as discussed. If you have any questions or concerns regarding your post-surgery follow up, please contact your Enhanced Recovery Nurse.

If you are concerned that you have gone into retention (unable to pass urine) please contact the Enhanced Recovery Nurse. If you are in retention, we will ask you to come back to the hospital for further assessment. Once you have arrived at the Urology Department you will be invited into one of our treatment rooms. The assessment will then be fully explained to you by the Specialist Nurse, and you will be able to ask any questions you may have.

On assessment, you will be asked to lie down on the couch and to make yourself feel comfortable, then:

- The Nurse will scan your bladder (ultrasound scan) to check if your bladder is either empty or retaining urine.
- To do this scan, you will be asked to lift up your top to your navel and undo or loosen your lower clothing.
- A member of the Nursing team will then place a small amount of ultrasonic gel onto your lower abdomen and place an ultrasound probe on top to obtain an image of your bladder.
- If you have any residual (remaining) urine in the bladder, this will be shown on the screen and the volume measured.
- Should this reveal that you retaining a large amount of urine, a catheter may be reinserted to drain the urine from your bladder.
- If you are not retaining a large amount of urine, you may be monitored for a while, a repeat scan will be performed as soon as you have passed more urine and you will be discharged home should the scan be satisfactory.

### If you have been re-catheterised

- You will be either given a date for another TWOC appointment in around 2 weeks' time in hospital or instructions to remove the re-inserted catheter at home.
- All patients with a urinary catheter are at risk of developing a urinary tract infection. It is advisable to drink plenty of fluids, ideally 2-3L per day whilst you have the catheter in place. Check the colour in the tubing it should close to the colour of straw. If it's not, then you are not drinking enough.

Please be aware if you have any of the following symptoms, it might indicate that you have developed a UTI (urinary tract infection):

1. High temperature, feeling hot
2. Shivering and shaking
3. Feeling unwell or have flu-like symptoms
4. Cloudy urine, blood in urine, smelly urine

If you suspect that you may have an infection, please contact your GP surgery. They may ask you to provide a urine sample, which will be sent off for analysis.

### **When can I return to work?**

Please adhere to post RARP advice and avoid heavy lifting for 6-8 weeks. If you have any concerns or questions regarding returning to work, please contact the Enhanced Recovery Team.

### **Consent**

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

### **Sources of information**

#### **Enhanced Recovery Nurse Practitioner (ERAS):**

Gabby Sullivan. Telephone: 0300 131 4500 ext. 770661. Mob: 07929823738

#### **Survivorship Nurse Practitioner & ERAS:**

Nicky Milton Telephone: 0300 131 4500 ext. 770662. Mob: 07929823738

#### **Hailsham Ward:**

0300 131 4500 ext. 772473 or 735960

#### **Friston Ward:**

0300 131 4500 ext. 773677 or 771431

### **Important information**

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### **Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

### **Hand hygiene**

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:  
Edward Calleja- Consultant Urologist

The directorate group that have agreed this patient information leaflet:  
Directorate of diagnostics, anaesthesia and surgery (DAS)

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Responsible clinician/author: Edward Calleja – Consultant Urologist

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