

Self removal of urinary catheter following a Trans Urethral Resection of Bladder Tumour (TURBT)

What is a trial without catheter?

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

This leaflet describes the TWOC process to follow at home after 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 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 TURBT)
- 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 at the next available appointment. This would take place in a clinic room; you must pass urine three times before you are discharged home.

What are the potential risks?

You may be at risk of urinary retention; the following 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 reinserted, please contact Hailsham ward/ Friston ward or your clinical nurse specialist and we will arrange for you to be seen as soon as possible.

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

The advantages to removing your catheter at home are:

- It is very safe
It enhances your dignity and privacy as it is more comfortable and natural to pass urine in your own home.
- It saves you time coming to hospital, and money on fuel and parking.
- It lowers your carbon footprint.

How do I know when to remove my catheter?

Before you are discharged from the hospital, you should be advised by the Urology Consultant, Ward Nurse or discharging Doctor when you are due to remove your catheter at home. You will be trained how to use the syringe and remove your catheter by the nursing team. If it has not been explained to you, please seek advice before attempting to remove your own catheter.

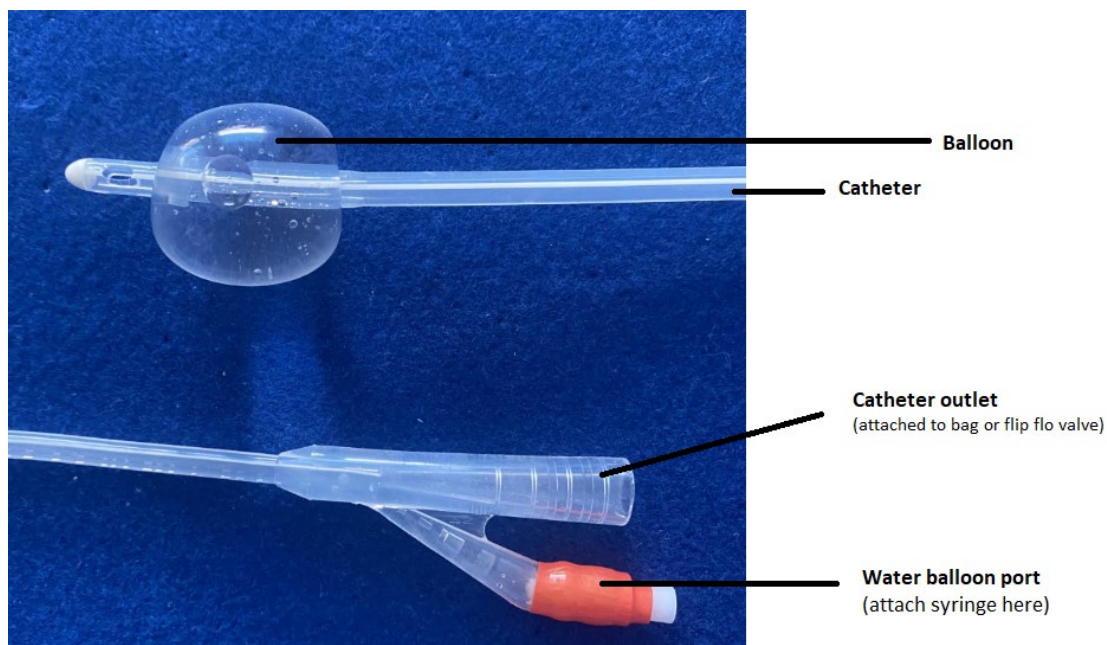
What should I do before I remove my catheter at home?

Please make sure you are drinking plenty of fluids (ideally water) and avoid caffeinated drinks such as tea and coffee as much as possible.

A change in the bowel habit is common after anaesthetic. 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.

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 (usually 10ml) after the catheter has been introduced into your bladder. Please see the image of an inflated catheter balloon:



A urinary catheter, as pictured overleaf, is removed by attaching a syringe to the port at the end of the catheter (the water balloon port). Sometimes a small amount of water can be left behind which can cause more discomfort when the catheter is being removed. To avoid this, please ensure you withdraw more than 10 ml of fluid into the syringe, allowing for any excess to be removed.

Removing your own catheter at home is very safe and easy. We recommend that you remove it at when you wake up in the morning. Ideally, you should remove the catheter yourself while sitting on the toilet or standing in the shower.

- Firmly attach the syringe to the catheter's water balloon port (see picture overleaf). **Let the water be drawn out automatically by the syringe.**
- The balloon is usually inflated with approximately 10ml of sterile water. **It is vital that all of the water is removed before you attempt to remove your 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.
- When all the water has been removed, we recommend that you stand up and walk. The catheter should fall out by itself. If not gently pull on the catheter. You may find that there is a small resistance and stinging/burning sensation at first.
- If you feel that something is wrong or the catheter is not coming out, please call the contact numbers provided in this leaflet.
- Once the catheter is removed, please ensure you are wearing tight supportive underpants with the incontinence pads to catch any possible leakage.

What should I do after the removal of my catheter?

- Stay hydrated, by ensuring you drink a cup of water (200 ml) every 1-2 hours and avoid caffeinated and fizzy drinks. **It is important that you avoid filling your bladder too quickly after catheter removal as this may cause bladder spasms.**
- You should be able to pass urine after 1-3 hours 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 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
- If you have any concerns or questions, please contact us.
- You may still be at risk of urinary retention; the following 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; or
 - Dribbling of urine

If you are concerned that you are going into urinary retention and need a catheter reinserted, please contact us and we will arrange for you to be seen as soon as possible.

How will I feel afterwards?

You may experience some discomfort/ stinging on passing urine after catheter removal, but this usually resolves within 24-48 hours.

- Drink normally, 8-10 cups per day. Reduce the amount of tea and coffee you have as these drinks contain caffeine, which can cause urgency and frequency symptoms. Alternatively try decaffeinated tea and coffee.
- Empty your bladder regularly, every three-four hours.
- Avoid constipation by eating a well-balanced diet.

Will I have to come back to hospital?

If your catheter has been removed, there is no need to go back to hospital unless otherwise discussed with your prior to your discharge from hospital.

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 clinical nurse specialist.

What will happen if I do need to come back to hospital?

If you are unable to empty your bladder (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.

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

- The Nurse will scan your bladder (ultrasound scan) to check if your bladder is either empty or retaining urine
- If this shows that you are 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 and a repeat scan will be performed as soon as you have passed more urine. 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 2-3 weeks' time in hospital or given instructions on how 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 2-3 litres per day whilst you have the catheter in place. Check the colour of your urine in the tubing, this should be close to the colour of straw. If it's not, you are not drinking enough.

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

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.

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

For any queries or concerns, please contact;

Hailsham Ward: Telephone: 0300 13 14 500 ext. 735414

Friston Ward: : Telephone: 0300 13 14 500 ext. 773677 or 771431

Bladder cancer nurse specialist: (Mon- Fri: 08.00 – 18.00)

Telephone: 0300 13 14 500 ext. 770658

Telephone: 0300 13 14 500 ex: 770664.

For catheter troubleshooting and support, please contact the Crisis Response Teams designated catheter line: Eastbourne & Hailsham 0300 131 4711 or Hastings & Rother 0300 131 5603. (8am – 10pm 7-day service).

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.

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

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

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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