

TRIAL WITHOUT CATHETER (TWOC)

Frequently-Asked Questions

What is a trial without catheter?

A trial without catheter is when a catheter which has been inserted via the urethra (water pipe) is removed from the bladder for a trial period to determine whether you are able to pass urine spontaneously.

We normally give you an antibiotic (Augmentin) immediately before catheter removal to prevent infection, after checking for any drug allergies.

What will happen once the catheter has been removed?

You will be encouraged to fill your bladder slowly by drinking sufficient fluid. This normally entails drinking a glass or cupful of liquid approximately every 45-60 minutes.

Do I have to stay in hospital during this time?

Not necessarily although, by remaining in hospital, this allows us to monitor your condition closely. If you live locally, you may be able to return home after the catheter has been removed; alternatively, you can leave the clinic but remain within the hospital so that you can return to the Clinic at any time.

How long will I have to remain in the hospital?

You should remain until you have passed urine satisfactorily. This is monitored using a bladder scanner and the scan will be performed by the Specialist Nurse after a variable period of time (usually 3-4 hours) or if you have passed urine twice. If your bladder begins to feel uncomfortable and you are unable to pass urine, a scan may be performed sooner.

What will happen after the scan?

This depends on your ability to pass urine.

If you are able to pass urine well, you will be discharged from the Clinic and an outpatient appointment may be arranged to check your progress.

What happens if I cannot pass urine?

If you are unable to pass urine, a new catheter may be inserted or, with your agreement, you may be taught intermittent self-catheterisation.

If you require re-catheterisation, you will be automatically referred back to your Consultant

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Urologist for further advice.

If self-catheterisation is required, your Specialist Nurse will provide you with everything you need for this and will continue to monitor your progress at subsequent outpatient appointments.

Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

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