Catheterisation

Catheterisation

The immediate treatment for urinary retention of any cause is urethral catheterisation. Other indications for catheterisa - tion are shown in Table 83.10 . In chronic urinary retention, patients may have a postobstructive diuresis producing >200 /uni00A0 mL of urine per hour for thr ee consecutive hours. If this is the case, patients should be managed with strict fluid balance monitoring, postural blood pressure checks to detect postural hypotension and daily serum electrolyte monitoring /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF and occasionally may require intravenous fluid replacement to match the loss if the patient is unable to take enough orally .

Drainage Urinary retention (acute and chronic) Fluid management/monitoring in critically unwell patients Palliative management for urinary incontinence where other measures have failed or are unsuitable Following urological surgery to allow healing of the bladder or urethra Therapeutic drug Non-muscle-invasive bladder cancer (e.g. delivery mitomycin C, gemcitabine, BCG) Chronic cystitis such as UTI and interstitial cystitis (e.g. GAG-layer replacement therapies, antibiotics) Diagnostic Micturating cystourethrogram Urodynamics To obtain a catheter specimen of urine for analysis BCG, bacillus Calmette–Guérin; GAG, glycosaminoglycan; UTI, urinary tract infection.

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