



TRIAL WITHOUT CATHETER

Information from The British Association of Urological Surgeons (BAUS) about removing your bladder catheter

You have been given this leaflet because you are due to have your bladder catheter removed. The aim of the leaflet is to provide you with information about what this involves.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Trial without catheter.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Trial%20without%20catheter.pdf)

Key Points

- You have a catheter draining your bladder and are about to attend to have the catheter removed, so you can pass urine again
- Some patients find the actual catheter removal quite painful, but this only lasts a few seconds
- The first few times you pass urine after the catheter is taken out, you may find it burns or stings
- If you cannot pass urine after the catheter is removed, we normally put another catheter in
- The nurses or doctors will check your bladder carefully to make sure it is emptying well before you go home

What is a trial without catheter?

A trial without catheter involves removing a catheter from your bladder to see if you can pass urine without it. Your catheter may have been inserted for one of the following reasons:

- as a planned event after an operation;
- you were suddenly unable to pass urine (acute retention of urine); or
- you were found to have an overfilled bladder (chronic retention of urine) when you were seen in an outpatient clinic.

How will the catheter be removed?

Antibiotics are not usually needed before your catheter is removed but, if your team feel it necessary, you may be given an antibiotic around the time of removal. A nurse will let down the retaining balloon and pull the catheter out through your urethra (waterpipe). Men sometimes find this quite uncomfortable.

What will happen once the catheter has been removed?

We will encourage you to fill your bladder slowly by drinking. Ideally, you should drink a glass or two every hour, so your bladder fills slowly. This will encourage you to pass urine.

Where will this take place?

Catheters are usually removed in the urology clinic or ward area, so the nurses and doctors can monitor your condition closely. They will examine you regularly, measure any urine you pass, and scan your bladder to see how much urine you leave behind after you urinate. They will also make sure you are comfortable when you first pass urine.



How long will I have to remain in the hospital?

You will normally need to stay for most of the day, or at least until you have passed urine satisfactorily. We monitor your progress using a bladder scanner. A nurse will scan your bladder intermittently after you have passed urine. If you begin to feel uncomfortable or cannot pass urine, please tell the nurses so that they can do an early scan.

What will happen after the scan?

If you can pass urine and are comfortable, we will let you go home and arrange any appropriate follow-up.

If you cannot pass urine, a new catheter may be inserted or, with your agreement, we may introduce you to [intermittent self-catheterisation](#). If you do need a further catheter, we will refer you back to a Consultant Urologist for further advice.

If you start self-catheterisation, a specialist nurse will provide you with everything you need for this and will monitor your progress in the outpatient clinic.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.