## Appendix 4

### Protocol for Community Trial without Catheter (TWOC) by the Specialist Continence Service

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<th>Action</th>
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<tr>
<td>1. <strong>On Referral</strong></td>
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<tr>
<td>a) Telephone patient to introduce the Specialist Continence Service and assess their understanding of a trial without catheter.</td>
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<td>b) If a Urinary Tract Infection is present and the patient is on antibiotics, ensure treatment is successful before arranging the TWOC</td>
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<td>c) If Patient has been discharged from hospital, check to see if patient is known to the Planned Care Team for basic catheter care. If not, arrange for a home visit by a Continence nurse the following day to discuss basic catheter care, give a catheter passport if this has not been sent home with the patient, to order appropriate catheter equipment and to commence Pre TWOC assessment</td>
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<td>d) Ask if the patient is using a catheter valve or a leg bag</td>
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<td>e) Check patient is not constipated, if the patient is constipated, give advice and follow up within 7 days.</td>
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<td>f) Add patient to the triage waiting list and explain that a Nurse will be in touch as soon as possible to arrange an appointment</td>
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<tr>
<td>g) Provide Single Point of Access (SPA) number for Unplanned care team and Specialist Continence Service for support prior to TWOC</td>
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**1st time male catheterisation for acute retention referral**

The trial without catheter needs to be performed within 7 working days. Provisionally book the patient in and add to the triage TWOC waiting list as a priority and notify the Triage TWOC Nurse.

If the patient is not on an Alpha blocker e.g. Tamsulosin 400mcg nocte, inform the patient that the Continence Sister will be writing to the GP for a prescription to be commenced 48 hours before the TWOC. Advise the patient that they will need to contact their GP practice in 2 working days to follow up on the prescription request

| 2 | **TWOC Triage process** |
| a) Check Urea and Electrolytes (U&E’s) for most recent results. If no recent U&E results available arrange a blood test for U&E’s. If U&E results deranged seek advice from Urology. |
1st Time Male catheterisation – Deranged U&E’s repeat in one week and delay TWOC. If U&E’s are within acceptable range, TWOC should be performed within 7 working days.

Referrals from Accident and Emergency (A&E) via Urology, TWOC’s should be performed within 14 working days

b) If patient has been catheterised in A&E and no referral has been received from Urology, confirm with Urology that the patient is safe for a community TWOC to take place. If unable to discuss on the telephone schedule a home visit to explain the procedure and complete a trial without catheter pre assessment

c) Contact the patient and discuss the TWOC process and obtain verbal consent

d) Discuss potential risks – and if TWOC is unsuccessful the potential for re-catheterisation

e) If patient has a catheter valve, explain to the patient that on the morning of the TWOC they will need to empty their catheter valve at 6am and then to refrain from emptying it until the nurse visits at 8-8.30am. The nurse will then remove that catheter and ask the patient to pass urine

f) If no catheter valve fitted, and U&E’s are within acceptable range, arrange a home visit for a pre-TWOC assessment and assessment for a catheter valve

g) Male patients. If the patient is not on an Alpha blocker e.g. Tamsulosin 400mcg nocte, inform the patient that we will be writing to the GP for a prescription to be commenced 48 hours before the TWOC. Advise the patient will need to contact the GP practice in 2 working days to follow up on the prescription request

h) Check Catheter Specimen of Urine (CSU) results if appropriate

i) Arrange antibiotics with GP if necessary and delay TWOC

j) Check patient is not constipated (will need to delay TWOC if constipated for more than 3 days) if the patient is constipated, give advice and follow up within 7 days

k) Explain to Male patients that if the TWOC is successful they will be offered an appointment at 2 weeks in the Lower Urinary Tract Clinic for a further review and assessment, this will include assessment of prostate
3. **Pre TWOC assessment and First visit**

   a) Assess suitability for a catheter valve if required. If the patient has the dexterity and the mental capacity to use a catheter valve, change the catheter bag to a catheter valve.

   b) Complete a Falls Assessment if required

   c) Consider toilet access for day of the TWOC, is a urinal required?

   d) Consider HOUDINI assessment for suitability of a catheter

   e) Check medication to ensure that those on diuretics are aware of the need to take medication on the morning of the TWOC

   f) Check patient is not constipated (will need to delay TWOC if constipated for more than 3 days) if the patient is constipated, give advice and follow up within 7 days

   g) Discussed trial without catheter process and obtain verbal consent from the patient.

   h) Advise patient that they may need to purchase some small pads for during the day of the TWOC.

   i) Discuss basic catheter care and order appropriate equipment

   j) Assess to see if the patient will require a full continence assessment if the TWOC is successful

4. **Unsuitability for a Community TWOC**

   a) If a patient is unsuitable for a community TWOC following the triage process, refer to Urology if required for a review

   b) If long term catheterisation is required, refer to the Planned Care Team for catheter care if house bound. Non house bound patients will be seen in the community catheter clinic.

   c) Document within the catheter care record and the patients catheter passport, reason for long term catheterisation

5. **Morning of the TWOC between 08:00-08:30**

   a) Visit patient as planned.

   b) Assess patient, explain procedure, discuss potential risks and ensure the patient has the contact information for SPA should they have any problems or concerns during the procedure.
c) Discuss symptom diary and explain the importance of measuring and recording fluid intake/output during the day. Provide disposable measuring jug if required.

d) Only remove catheter if no clinical signs/ symptoms of infection e.g. pain or fever and that the patient has given verbal consent to have the catheter removed.

e) Explain to the patient that the first void may sting and they may notice a small amount of blood in their urine, this is due to the trauma from removing the catheter.

f) Ensure spare equipment is available to facilitate re-catheterisation if required

g) If patient has a catheter valve, ask patient when they last emptied the catheter

h) Remove the catheter using **aseptic non touch technique** and document in Catheter IPOC within SystmOne.

i) If the patient has a catheter valve, ask the patient to void straight after removal, and perform immediate post void bladder scan.

j) Explain signs and symptoms of urinary retention and ensure the patient has SPA number.

k) Instruct the patient to drink one 200mls cup/glass of recommended fluid each hour and to complete Fluid input and output chart.

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<td><strong>6. 1pm (5 hours after TWOC)</strong></td>
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<td>a) Visit the patient as planned, check:-</td>
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<td>• patient has no discomfort and</td>
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<td>• has passed urine since catheter was removed</td>
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<td>• check fluid input and output chart to ensure patient has been drinking the recommended amounts</td>
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<td>b) Perform bladder scan</td>
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<td>c) If no concerns revisit at 3pm</td>
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<tr>
<td>d) If concerns follow process 7 and 8</td>
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If at any time the patient becomes uncomfortable and is unable to void consider teaching intermittent self-catheterisation (ISC) or consider an indwelling catheter if ISC is not appropriate.
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| 3pm   | a) Visit the patient as planned, check patient has no discomfort and has passed urine since catheter was removed, check fluid input and output chart to ensure patient has been drinking the recommended amounts.  

b) Perform bladder scan.  

If patient passes urine in good amounts (>50mls) and bladder has: |
| Less than 100mls | TWOC Successful  
Advise patient on signs of retention and when to seek medical advice.  
Male patients: advise that they will receive a follow up appointment in 2 weeks at the Lower Urinary Tract Clinic for men if they are not house bound. A letter to their GP will be sent asking for a Prostate examination to be performed. Housebound male patients will be followed up at 2 weeks at home.  
Female patients will be followed up at 6 weeks  
Add to the successful TWOC list for review |
| Between 100-300mls | If patient is asymptomatic of urinary retention e.g. has no pain or discomfort and/or has had a poor fluid intake during the TWOC procedure, arrange a follow-up bladder scan the next day.  
Discuss with Band 6 for advice if required |
| More than 300mls | Consider teaching intermittent ISC. If inappropriate, re-catheterise with an indwelling catheter. Consider using a flip flow valve if appropriate  
Add to the unsuccessful TWOC list for review |
| c) Document actions within the catheter IPOC on SystmOne |
| 1.8 | Approximately 4pm  
Whatever the outcome  
A) Inform Planned care of outcome if patient is known to them for catheter care |
B) Ensure equipment available to facilitate re-catheterisation

C) Arrange a follow up bladder scan the following day if indicated above

D) Add patient to the appropriate waiting list: e.g. Successful TWOC or unsuccessful TWOC

Successful TWOC

- Female patients will be followed up at 6 weeks in either clinic or at home
- Arrange a full continence assessment if indicated
- All male patients including the 1st Time Male catheterisation pathway Management of Acute painful Retention in Men (MAPRIM) will be followed up in the Lower Urinary Tract (LUTS) Clinic in 2 weeks, Prostate examination to be performed prior to clinic appointment

Unsuccessful TWOC

- If TWOC is unsuccessful, TWOC to be repeated in 2 weeks
- If second TWOC fails, the Triage TWOC nurse will consider referral to be made to Urology