Trial without Catheter Procedure
(Continence Manual)
1. **AIM**

All community Trial Without Catheters (TWOC) will be performed by the Specialist Continence Service. While the Community Hospital Wards should attempt to perform a TWOC before discharging patients home with a urinary catheter

The Specialist Continence Service will receive referrals from Acute Trusts, GP’s and other Healthcare professionals for patients requiring a trial without catheter in the community.

The rationale behind this procedure is to

- Reduce avoidable hospital readmissions
- Enhance patient care
- Ensure that indwelling urinary catheters are removed at the earliest and safest opportunity

2. **SCOPE**

This procedure applies to all staff, whether in a direct or indirect patient care role.

Adherence to the procedure is the responsibility of all Trust staff, including agency, locum and bank staff.

3. **LINK TO OVERARCHING POLICY**

3.1 Continence Manual

https://www.rdash.nhs.uk/27299/continence-policy/

3.2 LINKS TO RELAVANT POLICIES/PROCEDURES

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Aseptic non-touch Technique (IPC Manual)

4. **PROCEDURE**

4.1 Trial Without Catheter

TWOC is the term used when a catheter which has been inserted via the urethra into the bladder for drainage purposes is removed for a trail period to determine whether the patient is able to pass urine safely and spontaneously without the need for further catheterisation
4.2 When to refer a patient to the Specialist Continence Service for a TWOC

When a catheter is already being used the Healthcare practitioner should consider if it is necessary. This can be established using the HOUDINI indicators which lists clinical indications when it is appropriate for the continued use of a catheter: (Adams et al, 2012)

H - Haematuria. Only requires catheter if in clot retention
O – Obstructed or retention
U – Urologic surgery.
D – Decubitus ulcers – open sacral or perineal wound in an incontinent patient
I – Input/output, fluid monitoring
N - Not for resus/end of life or comfort care
I – Immobility due to physical constraint, for example unstable fracture and inability to use bottles or bedpans

If none of the above criteria are met, please complete the TWOC referral form for the Specialist Continence Service to arrange a community TWOC.

4.3 Exclusion Criteria

- Be able to consent to the procedure or for patients who are not alert, orientated or have poor cognitive function should be discussed with their GP. Special arrangements may be made for TWOC if appropriate and in the patient’s best interest
- Able to and / or supported by carer to follow the plan of care with measuring and recording fluid input and output
- Have access to a telephone for the day of the TWOC

4.4 Considerations

Consideration should be given to patients who present with:

- Constipation-Patients who are constipated /no bowel movement for three days require treatment for constipation prior to community TWOC
- Symptomatic urinary tract infection (not just positive urinalysis). Treat the infection ensuring treatment is successful before community TWOC.
- Consider if this is patient choice to have the catheter removed

4.5 Contraindications

- Radical prostatectomy within 3 months
- Patients who experience significant problems with catheter insertion (Require multiple attempts by a Consultant or additional instrumentation to place the catheter, history of haemorrhage in previous catheterisations)
- Patients who withhold consent for TWOC in the community
- Patients / carers who are unable to alert the Specialist Continence
Service if any difficulties on the day of the TWOC (e.g. no access to a telephone)

5. APPENDICES

Appendix 4 Protocol for Community Trial without Catheter by the Specialist Continence Service

Appendix 5 Protocol for Community Hospital Wards performing a Trial Without Catheter (TWOC)

Appendices are listed on the Continence Manual’s home webpage on the Trust website where they can be viewed and or downloaded Continence Manual | RDaSH NHS Foundation Trust