

## Trial Without Catheter (TWOC)

### Self-removal of a Urinary Catheter following a robotic-assisted laparoscopic prostatectomy

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Kent & Canterbury Hospital  
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*Opening Hours: Monday – Friday, 08:00 AM – 17:30 PM*



## What is a trial without catheter?

A trial without catheter (TWOC) is a procedure where your urinary catheter (the hollow tube that drains urine from your bladder) is removed. It is important that you are able to pass urine sufficiently to have a successful trial without catheter at home.

Your catheter may have been inserted for one of several reasons, including:

- A planned event after a procedure (e.g. a robotic-assisted radical prostatectomy).
- Acute urinary retention (inability to pass urine suddenly).
- Chronic urinary retention (inability to completely empty the bladder or does not empty at all).

This leaflet describes the TWOC process at home having recently undergone a prostatectomy for prostate cancer. It is a simple procedure which allows you to remove the catheter in your own environment and prevents you having to come back to the Hospital.

## What should I do prior to removal of my catheter?

Before removing your catheter, please ensure you have recently opened your bowels. If you are constipated, there is a likelihood that you will not be able to have a successful TWOC. This is because a full bowel can push into the bladder making it difficult to pass urine.

Please also ensure that you are drinking plenty of fluids (ideally water) and avoid caffeinated drinks such as tea and coffee as much as possible.

Please let your Clinical Nurse Specialist know if you have any concerns about this.

## Is removing my catheter at home safe?

The catheter is secured in your bladder with a balloon, which has been inflated by filling it with sterile water (~10ml) after the catheter has been inserted.

Please refer to the image below of an inflated catheter balloon:

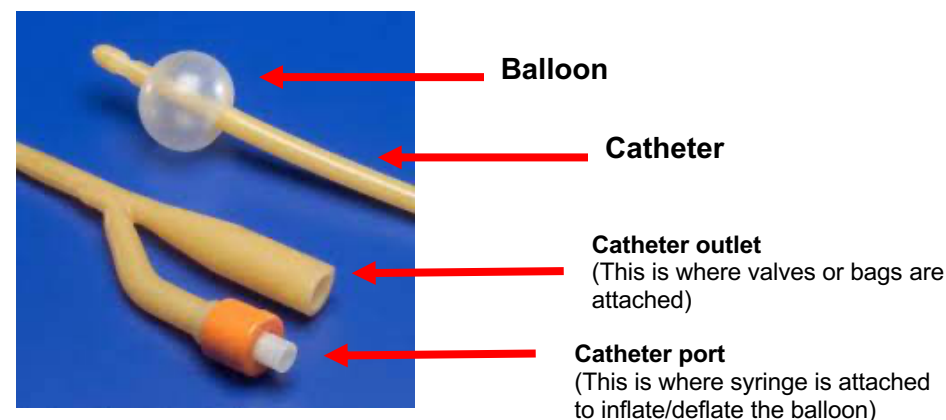


Figure 1: Catheter  
([https://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Catheter.pdf](https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Catheter.pdf))

Traditionally, catheters were removed by attaching a syringe to the port on the end of the catheter and aspirating the water out. However, sometimes a small amount of water can be left behind or the balloon can “bunch up” which means it can be uncomfortable when the catheter is removed. Additionally, this method is generally carried out by trained healthcare



professionals, which often means you need to come back to the hospital to have your catheter removed.

There is a different method (known as balloon port cutting) which can be used to remove the catheter at home. This is by cutting the catheter port at the “Y” junction just above the rounded cap with household scissors. If you feel confident to use the syringe method please do so with the provided syringe from the hospital. The syringe method is the preferred method.

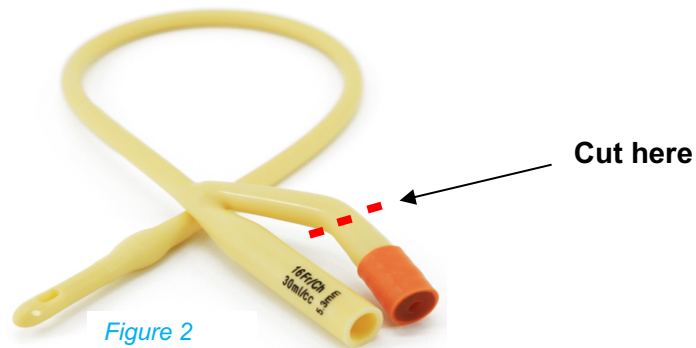


Figure 2

It is important you **DO NOT** cut the wrong port or the catheter itself.

### Will it hurt when I cut the catheter balloon port?

No. It is a painless procedure, designed to make catheter removal patient friendly, allowing the procedure to be carried out at home. The balloon port is on the outside of the catheter and therefore, you will not feel it.

### How do I know when to remove my catheter?

Before you discharge from the hospital, your Consultant or Clinical Nurse Specialist will inform you when you are due to remove your catheter at home. You will be trained how to use the syringe and balloon port cutting method and you will also receive this leaflet. If you have not been informed

or trained, please ask your nurse specialist before attempting to remove your own catheter.

Before removing your catheter, please ensure you have the following equipment ready:

- Clean pair of household scissors
- A towel
- A syringe if you will perform a syringe method
- An incontinence pad.

### How do I remove my catheter?

Removing your own catheter at home is a very safe and easy procedure. It should be done in the morning, ideally, while sitting on the toilet or standing in the shower.

### Please follow the steps below to remove your catheter

1. Please wash and dry your hands thoroughly with soap and water. Sit on the toilet or stand in the shower.
2. Attach the syringe to the catheter port and aspirate the water or cut in half the portion of the catheter tube at the “Y” Junction just above the rounded cap (*please see figure 2*).

### If you are performing the balloon port cutting method:

- A small amount of water (5-10 mls) will drain out from the area you cut. This will allow the balloon inside your bladder to deflate. Please wait at least 30-60 seconds to ensure all water from the balloon has come out. It is possible that some urine might come out at the same time from the catheter.



- As soon as the water has stopped draining you are ready to remove the catheter.
- Gently slide the catheter out.
- You may find that there is a small resistance and stinging/burning sensation to begin with but please continue to pull firmly but gently on the catheter. Should the resistance continue, please repeat the rotation cycle two to three times, and try again
- Once the catheter is removed, please ensure you are wearing tight supportive underpants with the incontinence pads to catch any leakage.

***If you are performing the Syringe Method:***

- Please firmly attach the syringe to the catheter port and aspirate (remove) the water from the balloon.
- The balloon is usually inflated with 5-10ml of sterile water, ensure you have aspirated all the water before the attempting removing the catheter.
- You may need to repeat the process of attaching the syringe to the port and empty the syringe a couple of times until no water comes out from the port.
- ***Follow the last 3 steps in the balloon port cutting method.***

*If you feel that there is a problem with the procedure you performed, or the catheter is not coming out, please call your Clinical Nurse Specialist (phone number is in front of this leaflet).*

**What should I do after the removal of my catheter?**

- Please drink plenty of fluids. Ideally, you should drink a glass or two every hour, so your bladder fills slowly. This will encourage you to pass urine. Avoid caffeinated and fizzy drinks.
- You should be able to pass urine after 1-3h following the removal of catheter, depending on your fluid intake. Remember that your bladder will be empty initially after the catheter removal.
- It is not unusual to leak urine as soon as the catheter is removed. This is expected and will gradually improve.
- You can now start doing your Pelvic Floor muscle exercises. Please follow the guidance on the provided literature. You should perform this least 4 times a day.
- Your Nurse Specialist will call you around lunch time for an update. If you have any concerns or questions, please contact us using the phone number in front of the leaflet.
- You might experience some discomfort when passing urine for the first 24-48 hours following your catheter removal but this should resolve quickly.
- You might need to take a low dose of analgesia (e.g., Paracetamol) to help relieve any pain if required.
- You might see some blood in your urine which is expected. As long as you are not passing clots and your urine is becoming less blood stained, this is not a cause for concern.



*Although very little, you might still be at risk of urinary retention and the below symptoms might indicate this:*

1. Not being able to pass urine
2. Abdominal pain/discomfort (although this can be normal due to surgical incisions)
3. A feeling of incomplete bladder emptying (although this can be normal, please seek advice from your Clinical Nurse Specialist)
4. Increased frequency to pass urine.
5. Dribbling of urine

*If you are concerned that you are going into urinary retention and need a catheter put back in, please contact the Clinical Nurse Specialist and we will arrange for you to be seen as soon as possible. Since your prostate was removed, the risk to go into urinary retention is very minimal.*

## What can I expect once I have removed my catheter?

### Incontinence

Urinary Incontinence is a recognised problem after a radical prostatectomy. This usually improves in the next couple of weeks/months. You may find that the improvement is gradual. To increase your chances to return to a good bladder function it is very important that you continue to do your pelvic floor muscle exercises as often as possible and on a regular basis. A routine can be helpful and you can also download apps to your phone which send you a reminder. You may find that night time continence improves in the first 2-3 weeks as well as the ability getting to the toilet in the morning without any major accidents. It is not unusual to have more incontinence in the afternoon and evening due to the sphincter muscle becoming tired over the course of the day. We discourage returning to work too early or doing any heavy lifting as this can put a strain on your body and result in late incontinence. Majority of our patients have good control over their urination

after several weeks/months whilst there is a small risk (3-5%) that you may have lifechanging incontinence and require more than 2 Incontinence Pads throughout the day.

### Stress Incontinence

Stress incontinence is best described when your bladder neck and urinary sphincter muscle is put under a lot of stress (e.g., coughing, sneezing, heavy lifting). This can result in a small urinary leak due to the applied pressure on the bladder. Majority of our patient prefer to wear a Pad when they are doing any strenuous activities like sports or gardening. This can improve with regular pelvic floor muscles exercise but for small percentage of men this can be a long-term problem.

### Incontinence Pads

It is advisable to wear incontinence pads as soon as you removed your catheter. Incontinence Pads specifically designed for men can be obtained in any major supermarket, your local pharmacy or they can be ordered online. You can also order a surgical support from Prostate Cancer UK, which contains a number of pads free of charge. Please call them on **0800 – 0748383, select option 2**. Please continue to wear the pads until you regained good control over your urination. If you struggle with your bladder function your local GP Surgery will be able to refer you to a continence service for further assessment.

### Pelvic Floor exercises

It is very important that you do your pelvic floor muscle exercises on a regular basis. We will provide you detailed instructions how to do these correctly and how often you should do them. If you have great difficulty performing these or struggle to locate the muscle itself, a referral to the Pelvic Health Physiotherapist can be made. Ideally, you would have been advised to practice these before having your surgery.

## What happens if I am unable to pass urine?



If you are concerned that you have gone into retention (unable to pass urine) please contact the Clinical Nurse Specialist. Should you be in retention we will ask you to come back to the hospital for further assessment.

#### If you have been re-catheterized

- You will be either given a date for another TWOC appointment in around 2 weeks' time in hospital or instructions to remove the re-inserted catheter at home.
- All patients with a urinary catheter are at risk of developing a urinary tract infection. It is advisable to drink plenty of fluids, ideally 2-3L whilst you have the catheter in place.

Please be aware if you have any of the following symptoms, it might indicate that you have developed a UTI (urinary tract infection):

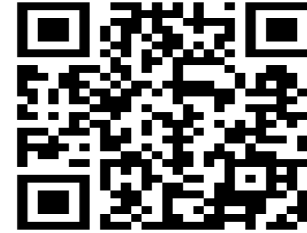
1. High temperature, feeling hot
2. Shivering and shaking
3. Feeling unwell or have flu like symptoms
4. Cloudy urine, blood in urine, smelly urine

If you suspect that you may have an infection, please contact your GP surgery. They may ask you to provide a urine sample, which will be sent off for analysis.

#### What are the alternatives to the trial without catheter at home?

There is a possibility for you to keep the catheter for longer or learn how to perform ISC (intermittent self-catheterisation) or attend the hospital for the removal.

**A video tutorial of removing your catheter at home is available online. You can access this by scanning the QR code below:**



#### Reference source:

[www.baus.org.uk](http://www.baus.org.uk)

[www.rcn.org.uk](http://www.rcn.org.uk)

<https://www.royalsurrey.nhs.uk/>

