Determination of the effectiveness of the establishment of CCC (Catheter Care Clinic) for male patients in UCH SOPD
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reduce workload of AED
streamline the process to wean off Foley catheter
reduce unnecessary hospital admission

Introduction
Acute retention of urine (AROU) is a medical condition necessary for immediate emergency treatment. Male patients with painful full bladder usually go to Accident & Emergency Department (AED) where Foley catheters were frequently inserted after assessment and the patients might be admitted. Since the Catheter Care Clinic (CCC) run by the Advanced Practice Nurses (APNs) and Nurse Consultant (NC) of the continence care was established in Nov 2013 by the UCH continence care service, AED medical physicians can refer the patients to the CCC for follow up within 9 days.

Objectives
1) Reduce unnecessary hospital admission 2) Provide integrated services on AROU patients including assessment, treatment and education 3) Improve patients’ quality of life 4) Reduce workload of AED 5) Streamline the process to wean off Foley catheter

Methodology
Upon referring to the CCC, male patients with the Foley catheter are prescribed with Alpha Blocker at AED. At the CCC, Uroflowmetry performed at least twice following removal of the Foley catheter. Bladder scan is performed after voiding to check post-voiding residual urine (PVRU). Foley catheter is not reinserted if the amount of PVRU less than 200ml. For those with Foley catheter weaned off at the CCC, the community Nursing Service (CNS) is referred to recheck the PVRU at home within 1-2 weeks. For those failed to wean off Foley catheter at the CCC, CNS is also referred to try wean off Foley at home within 2 to 4 weeks.
**Result**

1) 75 male patients attended to the CCC from Nov 2013 to Sept 2014  
2) Age distribution of the patients: Age range: No. of patients: %  
   50-60: 8: 10.7  
   61-70: 13: 17.3  
   71-80: 44: 58.7  
   81-90: 10: 13.3  
   Total: 75: 100  
3) No. of patients who are successful to wean off Foley catheter: No. of patients successfully weaned off Foley at CCC or by CNS at home is 65 (86.7%)  
   No. of patients failed to wean off Foley is 10 (13.3%)  
4) The outcome of failed wean off Foley cases: Prefer to keep LT Foley for easy handle: 1  
   Died from medical illness: 1  
   Video Urodynamic study done with diagnosed of acontractile bladder and detrusor hyperreflexia with impaired contractility. Both preferred to keep Foley catheter instead of intermittent catheterization: 2  
   Transurethral Resection of Prostate done. Voided well with insignificant PVRU detected: 3  
   Keep Foley before assessment as suggested by Urologist: 1  
   TURP planned in 11/2014: 2  
   Total patients: 10  

Conclusion: The CCC is effective to reduce unnecessary hospital admission. Patients’ quality of life could be significant improved after weaning off the Foley catheter within a short period of time.