

SLOW DECOMPRESSION OF THE BLADDER USING AN INTRAVENOUS GIVING SET

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SUMMARY Rapid decompression of the bladder has been associated with complications such as diuresis, hyperkalaemia, haematuria and hypotension. Although these complications are easily managed and rarely clinically significant, clinicians still practise slow decompression using a 'clamping' technique. Slow decompression using a giving set provides a more convenient and less time-consuming way of achieving this goal. (*Int J Clin Pract* 2002; **56**(8): 619)

Acute urinary retention is a common genitourinary symptom. The aetiology of acute retention includes obstructive, neurogenic, pharmacological, and psychogenic causes. The emergency management of acute retention is rapid bladder decompression, which is usually accomplished with a Foley catheter.¹ Rapid decompression of a bladder with chronic urinary retention, on the other hand, has been associated with post-obstructive diuresis,² hypotension, haematuria (2-16%)³ and even life-threatening hyperkalaemia and renal failure.^{4,5} Despite controversy on the benefit of slow versus rapid decompression in chronic retention, it is still common practice to use a 'clamping' technique to achieve a stepwise decrease in bladder volume. Such a technique requires frequent visits to the bedside, is more time consuming and requires costly equipment.

We describe the use of a Foley catheter connected to a giving set to achieve a slow control release of urine in the management of chronic urinary retention. This technique, to our knowledge, has not been previously described.

TECHNIQUE

The bladder is catheterised in the normal way under aseptic conditions using a two-way Foley catheter. The Foley catheter is then connected to the patient end of the giving set and urine is allowed to drain. The other end of the giving set is connected to an empty airless intravenous bag that provides an economical and sterile means for collecting urine and monitoring output. The required slow bladder decompression is ensured by the roller of the giving set, which can also be used to control the rate of drainage.

DISCUSSION

Decompression of the bladder with chronic retention has been an area of controversy. Quick, complete emptying of

the bladder is easier and less time consuming than slow decompression using a clamping technique. Despite the occurrence of post-obstructive diuresis, haematuria and hypotension associated with rapid emptying, these complications are easily managed³ and rarely clinically significant, making this method quite favourable.⁶

Clinicians who opt for slow decompression but find the clamping technique tedious would appreciate our technique using a giving set for slow controlled bladder decompression. It is not only a convenient method but requires less supervision by nursing staff. This is particularly useful in a third world setting where wards are crowded and nursing staff limited.

It has been our experience so far that our technique provides a safe, economical and labour-saving means of achieving slow bladder decompression. These findings leave room, perhaps, for randomised controlled studies comparing our method of gradual emptying with rapid complete decompression.

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