Urinary catheter policies for short-term bladder drainage in hip surgery patients

av

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Akademisk avhandling

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**Abstract**


The overall aim of this thesis was to evaluate methods for urinary catheter handling in patients undergoing hip surgery. The intention was to gain knowledge in order to provide optimal and cost-effective care regarding urinary catheterisation in this group of patients.

In Study I, 45 of the 86 catheterised patients (52%) contracted nosocomial urinary tract infections (UTIs). Diabetes was a risk factor for developing UTI, and cloxacillin as a perioperative antibiotic prophylaxis seemed to offer a certain protection. Study II was a randomised controlled trial on the effect of clamping (n = 55) or not (n = 58) of the indwelling urinary catheter before removal. No significant differences were found between the groups with respect to time to normal bladder function, need for recatheterisation, or length of hospital stay. Study III was a randomised controlled trial among patients with hip fracture and hip arthroplasty, in which the patients were randomised to intermittent (n = 85) or indwelling (n = 85) urinary catheterisation. No significant differences in nosocomial UTIs (9% vs. 12%) or cost-effectiveness were shown. The patients in the intermittent group regained normal bladder function significantly sooner after surgery. Fourteen percent of the patients in the intermittent group did not need any catheterisation. In Study IV, 30 patients were interviewed about their experiences of bladder emptying and urinary catheterisation. The patients’ views were described through the main category ‘An issue but of varying impact’. Both bladder emptying through micturition and bladder emptying through catheterisation were described as convenient, but also as uncomfortable and an intrusion on dignity. The patients were aware of risks and complications of urinary catheterisation.

In conclusion, this thesis indicates that UTI is common in hip surgery patients. Clamping of indwelling catheters seems not necessary. There is no preference for either intermittent or indwelling urinary catheterisation according to the results of this thesis, either for the development of nosocomial UTI or, for cost-effectiveness, or from the patient perspective. Nurses should be aware that catheterisation might make the patients feel exposed, and it is essential that their practice reflect the best available evidence.

**Keywords:** urinary catheterisation, nosocomial urinary tract infection, hip fracture, hip arthroplasty, nursing, patient experiences, clamping.