INDWELLING CATHETER (IDC): TRIAL OF VOID

Keywords: Bladder, void, IDC, straight drainage, trial of void, TOV, residual volume, trial without catheter, TWOC, bladder scanner, residuals, urinary tract infection

AIMS
- To assess the woman’s ability to empty her bladder successfully following the removal of an indwelling urinary catheter.
- To maintain bladder tone & avoid bladder over stretch, leading to bladder muscle failure

KEY POINTS
1. Fluid balance, charting fluid intake and output shall be accurately recorded.¹
2. Encourage the woman to maintain or increase fluid intake (unless contraindicated)² to approximately 2L per day.³
3. Advise the woman not to void too frequently i.e. aim for >2 hour intervals.
4. If the woman has not voided after 6 hours or she is uncomfortable at any time, she must attempt to void and the voided volume and residual volume recorded.
5. If the woman is unable to void, insert an IDC to straight drainage, record the amount drained after 10 minutes and inform the medical team.
6. If the woman is voiding frequent or small amounts or is uncomfortable, despite the bladder scan residuals being <150mL, perform intermittent catheterisation and inform the medical team. Also inform medical staff if the residual is greater than the void, >600mL residual, or no void in >5-6 hours & the woman is uncomfortable.⁴
7. Women may need several trials before achieving a positive outcome, particularly after urological surgery.
8. If the woman has had a hysterectomy, set the bladder scanner to male.⁴,⁵
9. Factors associated with failure of a trial of void (TOV) include: the woman being older than 75 years; a volume greater than 1000mL drained when the woman was first catheterised; and / or constipation.¹

PROCEDURE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>1. Measuring voids</td>
<td></td>
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<tr>
<td>Remove IDC at 6am on the day of trial.</td>
<td>Day of removal depends on nature of surgery and patient factors.</td>
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## PROCEDURE

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tr>
<td>2.</td>
<td>After the first void, check the residual with the bladder scanner(^5) within 10 minutes.(^2) <strong>Note:</strong> Post void bladder scans are not used on antenatal women,(^5) and not routinely used on postnatal women(^3). Take care if there are wounds in suprapubic area(^5).</td>
</tr>
<tr>
<td>3.</td>
<td>Continue recording the voids and residuals until the patient has two voids(^5) &gt;150mL with residuals &lt;150mL. Cease measurements &amp; attend a check urinalysis within 36 hours of IDC removal(^5).</td>
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</tbody>
</table>
| 4.   | **If void <150mL and bladder scanner residual <150mL**  
Repeat the bladder scan after the next void and follow the above instructions. |

### ADDITIONAL INFORMATION

- A delay in checking the residual urine may result in a false reading as urine will still be produced and enter the bladder during the lag time.  
- Postpartum fluid in/ around the uterus can give a false positive result.\(^3\)  
- This indicates a successful trial of void.  
- Note: Residuals >100mL may require monitoring & a repeat bladder scan.\(^4\)  
- The void may be too small to provide meaningful information and should not be counted as a successful void.

<table>
<thead>
<tr>
<th>5 Bladder Scanner Residuals</th>
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<tr>
<td><strong>5.1 150-300mL</strong></td>
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<tr>
<td>- Suggest double void &amp; rescan.(^5)</td>
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<tr>
<td>- Perform intermittent catheterisation.</td>
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<tr>
<td><strong>5.2 &gt; 300mL</strong></td>
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| - If 250-450mL: Double void & rescan,\(^5\) if unable to void or high residual:  
  - Insert an IDC.  
  - Inform the Medical Officer. |

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<thead>
<tr>
<th>6 Catheter Residuals</th>
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| **6.1 < 300mL:**  
Repeat bladder scan after the next void and follow the above regimen. |
### PROCEDURE

<table>
<thead>
<tr>
<th>6.2 300-600mL:</th>
<th>ADDITIONAL INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Insert an IDC to straight drainage for approx. 24 hrs.</td>
<td>Large residual volumes risk over-distention injury.</td>
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<tr>
<td>Inform the medical team.</td>
<td>The higher the bladder distention, the longer the time required to rest the bladder muscle until adequate contractility is regained.</td>
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<tr>
<td>Remove the catheter for next trial of void the following day at 6am or on medical team recommendation.</td>
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<th>6.3 &gt; 600mL:</th>
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<tr>
<td>IDC to straight drainage for approx. 48 hrs</td>
<td></td>
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<tr>
<td>Inform the medical team.</td>
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<tr>
<td>Remove the catheter for next trial of void 2 days later at 6am or on the medical team’s recommendation.</td>
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### 7. Unsuccessful trial of void

If after **initial success**, the woman starts to **fail trial of void**, suspect:

#### 7.1 Urinary Tract Infection

Perform a check urinalysis & take a mid-stream urine (MSU) / catheter specimen of urine (CSU) and inform medical team. If the urinalysis is +ve for nitrites and/or white cells inform the medical team.

#### 7.2 Woman's fluid intake is too high

Reassess her fluid input. If residual volumes are >400mL, total fluids should be restricted to 2L/day.

### 8. Unsuccessful trial of void on 2 days

#### 8.1 If the woman **fails the trial without catheter** regimen on **2 days** then:
- Perform a ward urinalysis
- Take MSU/CSU for MC&S

#### 8.2 If the ward urinalysis is positive for nitrites and/or white cells inform the medical team.

#### 8.3 The team Registrar or above shall review and discuss with the team Consultant

#### 8.4 Consider review by the Urology Nurse - Page 3136
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ADDITIONAL INFORMATION

8.5 Consider teaching Clean Intermittent Self Catheterisation (CISC).

Note: This will be at the medical team’s discretion.

9. If the IDC is in for >48 hours:

- Consider a Silastic IDC.
- Perform daily urinalysis:
  - If nitrites and/or white cells are positive take CSU and inform the medical team.

REFERENCES / STANDARDS


Acknowledgement


National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice Legislation – Nil

Related Policies – KEMH Clinical Guidelines, O&G: Management of the Bladder & Urinary Drainage Apparatus; Bladder Scanner- Non-Real Time

Other related documents –

RESPONSIBILITY

Policy Sponsor: Nursing & Midwifery Director OGCCU

Initial Endorsement: April 2002

Last Reviewed: June 2015

Last Amended: Review date June 2018

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