

MAIN FINDING

43%

reached the first EXIME exchange assessment

6 of 14 enrolled patients

83%

comfortable versus an indwelling catheter

5 of 6 at first exchange

FIRST-EXCHANGE EXPERIENCE

100%

would use EXIME again

Culture positive/mixed among tested:
3/3 baseline → 3/5 at first exchange
UTI symptoms at exchange: 3/6

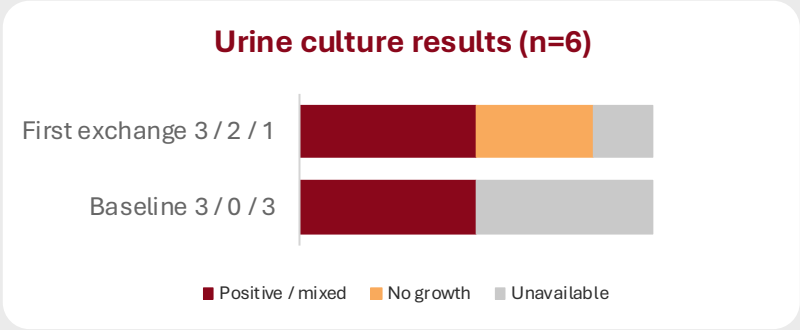
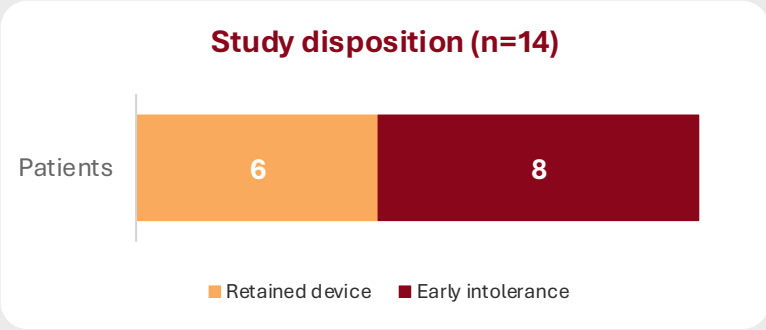
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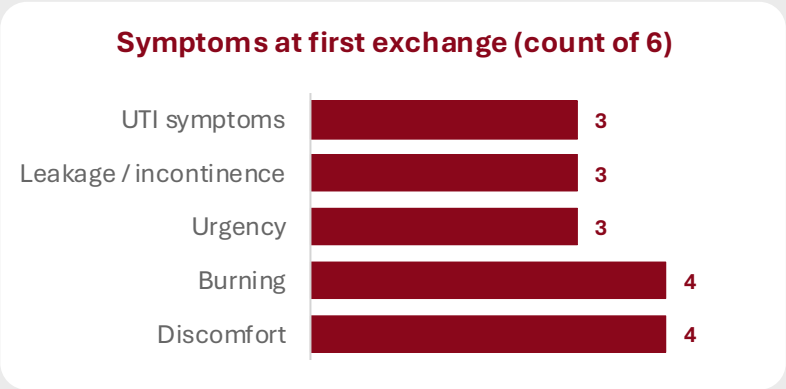
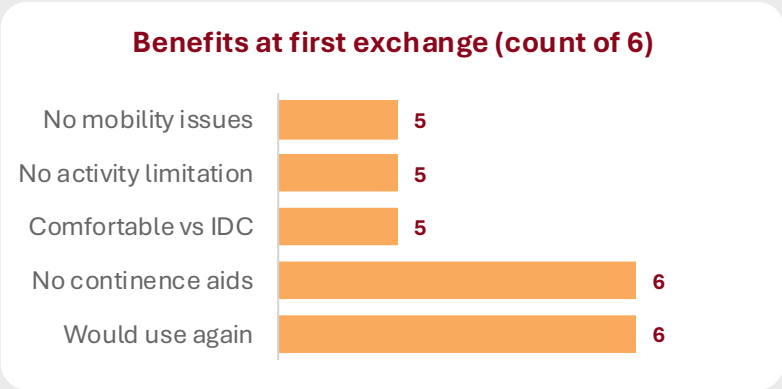
Royal Berkshire Hospital



Stent-Based Management of Chronic Urinary Retention: Clinical and Infection Outcomes with the EXIME Device



Early intolerance: retention or spontaneous expulsion within 24 hours. Culture percentages use tested samples only.



STUDY AND METHODS

- Prospective clinical evaluation of a silicone prostatic stent in 14 catheter-dependent men.
- Eligibility: prostate below 100 cc, no symptomatic infection, suitable for local anaesthesia and not anticoagulated.
- Baseline catheter-related quality of life and urine culture; single-dose oral fosfomycin prophylaxis.
- Sterile local-anaesthetic insertion using the 22Ch sizing tool; outcomes reassessed at first exchange.

FIRST-EXCHANGE GROUP (n=6)

Mean age 72 years (64–83); mean prostate volume 54.5 cc (19–81). Indications: high-pressure chronic retention 3, acute retention 2, chronic retention 1.

INFECTION DETAIL

Among available cultures, positive/mixed growth was present in 3/3 at baseline (E. coli 1; mixed 2) and 3/5 at first exchange (E. coli 2; mixed 1). Two exchange cultures showed no growth; one result was unavailable. UTI symptoms were reported by 3/6.

INTERPRETATION

Those reaching first exchange reported strong acceptability, but symptoms remained common. Early intolerance and incomplete culture sampling limit inference; larger prospective evaluation is required.