

INDWELLING URINARY CATHETERIZATION VERSUS CLEAN INTERMITTENT CATHETERIZATION FOR THE MANAGEMENT OF HOSPITALIZED PATIENTS WITH TRANSIENT ACUTE URINARY RETENTION: A PROSPECTIVE RANDOMIZED TRIAL

Hypothesis / aims of study

Acute urinary retention (AUR) is a common problem in hospitalized patients. The causes of AUR in these patients are multifactorial and usually transient. Either indwelling urethral catheterization or clean intermittent catheterization can be the choice of treatment. In chronic urinary retention, most physicians prefer CIC to chronic indwelling urethral catheter claiming that the rate of catheter-associated urinary tract infection (CAUTI) is lower. The aim of this study was to compare indwelling urethral catheter with CIC for the treatment of transient AUR in terms of CAUTI, pain, hematuria, cloudy urine, and quality of life.

Study design, materials and methods

We enrolled hospitalized patients with AUR in Ramathibodi hospital from June 2014 to May 2015. The patients were randomized into indwelling urethral catheter and CIC groups. Then the patients were follow up at OPD at 2 weeks. The primary outcomes of the study were catheter-associated asymptomatic bacteriuria and CAUTI. The secondary outcomes were pain, hematuria, cloudy urine, and quality of life.

Results & Interpretation of results

A total number of 100 patients were randomized into CIC and indwelling urethral catheter groups for 50 patients each group. There was no statistically significant difference between CIC and indwelling urethral catheter groups in terms of the rates of CAUTI (10% vs 8%) and catheter-associated asymptomatic bacteriuria (52% vs 36%) (p 0.214). There was also no statistically significant difference in terms of hematuria (8% vs 20%, p 0.084), cloudy urine (26% vs 22%, p 0.640), pain score [0(0-7) vs 0(0-6), p 0.246], and quality of life [5(2-5) vs 5(2-5), p 0.596].

Concluding message

In hospitalized patients with transient AUR, CIC was not shown to be superior to indwelling urethral catheterization in terms of rates of infections. Quality of life, pain, rates of hematuria, and cloudy urine were also similar in both groups. Furthermore, indwelling catheterization is more preferable in patients without caretakers.

Disclosures

Funding: Ramathibodi Hospital **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ramathibodi Ethics Committee **Helsinki:** Yes **Informed Consent:** Yes