MULTIDISCIPLINARY UROLOGICAL MANAGEMENT PROGRAM FOR GERIATRIC ORTHOPAEDIC TRAUMA PATIENTS WITH URINARY RETENTION – REDUCE URINARY CATHETER TIME AND CATHETER RELATED URINARY TRACT INFECTION

Hypothesis / aims of study
Design a unified protocol among different disciplines to make full utilization of resources and to reduce urinary catheter time and catheter related urinary.

Study design, materials and methods
Both male and female patients who were age ≥ 65, admitted to orthopedic wards for lower limb fractures, developing urinary retention from 28-7-2011 to 19-10-2012 were included. Those who had active urinary tract infection (UTI), obstructive uropathy or urolithiasis were excluded. The patients then followed a “Trial Without Catheter” (TWOC) protocol in receiving the urological care by multi-disciplinary approach.

Results
There were 103 patients’ data available for analysis. The mean age was 85.81. There were 43 male patients and 60 female patients. The successful TWOC rate at 30 days, 90 days and 365 days were 10%, 67% and 83% respectively. Excluding the failure of TWOC due to patient mortality, the successful TWOC rate was up to 94.6%. At 90 days, unsuccessful TWOC patients are 37.196 times more UTI than those successfully TWOC (p< 0.001). The total length of hospital stay was positively correlated with the time to achieve successful TWOC (p= 0.011, correlation coefficient = 0.049). Age was not a predictor for the outcome of successful TWOC (p=0.443).

Interpretation of results
The extended TWOC program for geriatric orthopaedic trauma patients with urinary retention can significantly raise the chance of successful TWOC. The Program significantly shortened urinary catheter time. The TWOC services helped in reducing UTI among patients and also the total length of stay in hospital.

Concluding message
The extended TWOC service is a good option for geriatric orthopaedic trauma patients with urinary retention, which significantly shortened urinary catheter time, reduced UTI and total length of stay in hospital.

Disclosures
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