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Title (type in CAPITAL LETTERS, leave one blank line before the text) INTRODUCTION OF A RAPID ACCESS CATHETER ASSESSMENT CLINIC USING FLEXIBLE CYSTOSCOPY FOR PATIENTS REQUIRING LONG-TERM URINARY CATHETERISATION
<p><u>Aims of Study</u> Demographic studies indicate that people are living longer, those over 80 form the fastest growing section of the population and the prevalence of long term catheterisation (LTC) rises with age LTC of the bladder is associated with a high morbidity, up to 50% of the patients experience catheter blockages The management of these patients is usually delegated to a member of the nursing staff but when the nurse can no longer cope with the recurrent blockages, the patient is often referred to a urologist for further advice There is no standard protocol to follow How should the patient be managed? Patients with long-term catheters suffer from a range of co-morbidities, referral to a urological clinic frequently involves the use of hospital transport, an escort and a stretcher or chair A one-stop rapid access catheter clinic was established for these patients and a report has been prepared from the initial 8 months experience</p> <p><u>Methods</u> In April 1999 a letter was sent to all GP's, district nurses and nursing homes in the Bristol area asking them to identify any individuals with complications secondary to long-term catheterisation Patients, accompanied wherever possible by their carers, were seen at the outpatient clinic A history, examination and subsequently a flexible cystoscopy were performed by the medical and nursing staff Recommendations were made to the patients' carers, GP and district nurse in accordance with the findings</p> <p><u>Results</u> 50 patients with long-term catheter complications were referred to the clinic within four weeks and a further 40 patients within twelve weeks following distribution of the letter Most individuals had not seen a urological specialist previously The most common referring complaint was recurrent catheter blockage To date 77 patients (mean age 73.2 years) have attended The majority suffered from a neuropathic bladder disorder and were severely disabled, requiring hospital transport 12 patients failed to attend</p>

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<b>Diagnostic Category</b>	<b>Number</b>
Recurrent blocker – evidence of encrustation – bladder stone	27
Recurrent blocker – evidence of encrustation – no stone	14
Problematic catheter – no evidence of encrustation – debris/mucus	13
Problematic catheter – clear bladder – limited bladder distension	5
Problematic catheter – no abnormality found	2
Other	16

66% of patients who had obvious evidence of encrustation on their catheters had some degree of co-existing bladder stone formation. Of these, 14 underwent successful stone extraction at the time of flexible cystoscopy, 11 were referred on for litholapaxy under GA and 2 were managed solely by regular changes of the catheter.

Conclusion: Long-term urinary catheterisation is associated with a serious morbidity within the community which is not routinely referred for a urological opinion. Patients who suffer from recurrent catheter blockages due to encrustation have a 66% chance of having some degree of co-existing bladder calculus formation. In view of the similar aetiologies of catheter encrustation and bladder calculus, the frequency of recurrent blockages due to encrustation is unlikely to decrease until the stone load has been removed.

As LTC rates in the community increase urologists should help to set standard protocols for nurses to follow so that patients experiencing difficulties can be referred appropriately.