

Bladder Washouts

Standard Operating Procedure (SOP)

Introduction

Bladder washouts are used in patients who are catheterised and have haematuria. Significant haematuria will lead to blocking off of the catheter and clots forming in the bladder; this may precipitate further bleeding. In order to avoid this, careful monitoring of the colour of the haematuria and early intervention is essential.

Patients who return from theatre after having had a transurethral resection of bladder tumour (TURBT) or transurethral resection of prostate (TURP) will have a 3 way catheter in place. Three way catheters have three channels: one for inflation of the balloon, one for urine drainage and one for connection of irrigation fluid. After a TURP/TURBT, the 3rd channel may be spigotted or connected to continuous irrigation. A number of patients will require a bladder washout after these procedures to get rid of clot in the bladder and keep the catheter tube patent.

Step by step guide

1. Does the patient need a bladder washout?

- Signs that a patient may benefit from a bladder washout include:
 - i. Darkening of the colour of draining haematuria
 - ii. Catheter is not draining suggesting an obstruction with clot
 - iii. The patient is complaining of abdominal pain and has a palpable bladder
 - iv. The catheter is bypassing urine suggesting it is blocked

2. What do I need to perform a bladder washout?

- One litre bag of normal saline
- Sterile bowl
- 50ml Bladder tip syringe
- Kidney dish
- Jug or bowl to collect aspirate/washout in
- Non-sterile gloves
- Inco pads

3. How do I perform a bladder washout?

- Put non-sterile gloves on
- Put inco pads under the patient and under the catheter to absorb any spillage
- Stop the irrigation if it is running and put a spigot into the 3rd catheter channel
- Draw up 50ml of normal saline into the bladder syringe
- Attach the syringe into the 2nd channel and push all 50mls of the saline in warning the patient it may feel uncomfortable
- Aspirate as much back into the syringe and discard into the kidney bowl/jug
- Continue this process using 50mls each time and aspirating until the fluid aspirated is clear of clots
- Use up to 500ml of normal saline
- Re connect the catheter bag to the 2nd channel and re attach the irrigation to the 3rd channel if irrigation was previously running

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4. How often do I need to repeat bladder washouts in this patient?

Each patient is different. It may be that just one washout is enough for a post operative patient. The need to repeat a bladder washout is based on the factors above (paragraph 1). Keep a close eye on the colour and volume of the urine and the comfort of the patient. Remember if a patient has irrigation going in, the volume of coming out includes urine volume and irrigation volume.

5. Troubleshooting

- I can push saline in but can't aspirate anything
This is because the catheter is either blocked with clot or the tip of the catheter is pushed against the bladder wall. Try putting another 50mls of saline in with slightly more force to dislodge a clot and to push the bladder wall away from the tip of the catheter. Pull the catheter back a little and rotate it to move it away from the bladder wall. This may also help to dislodge any clot and prevent the tip of the catheter abutting on the bladder wall. Asking the patient to change position or walk around, this may help to adjust the position of the tip of the catheter.
- I have washed out the bladder and the aspirated fluid is clear but when I attach the catheter bag, nothing is draining
Try a further washout and also make sure all irrigation connections are open if using irrigation.
- The patient is finding the procedure very uncomfortable
Some patients will find the distension of the bladder uncomfortable. Reassure them that it will help to get the catheter draining and warn them each time you insert the fluid. If the patient cannot tolerate it and the catheter is blocked, the catheter will need to be changed.
Remember you may have aspirated all the fluid from the bladder so put in another 50mls of saline and re connect the catheter bag.
Check that the tip of the catheter bag is not blocked with clot

6. When should I ask for help?

- If a patient is requiring very frequent bladder washouts to keep the catheter draining
- If the colour of the urine is getting darker
- If there is any change in the patients observations – a reduced blood pressure or increasing pulse rate
- If the catheter is blocked and washouts have not cleared the blockage – they may require a change of catheter
- The catheter should be changed for another 3 way catheter and a bladder washout performed once it is inserted to clear the bladder or clots that may block the new catheter