

# Education of Patients Leaving the Hospital with Catheters Following Radical Prostatectomy

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## Introduction:

- To reduce the duration of the hospital stay and costs patients are often released after radical prostatectomy with an indwelling or suprapubic catheter. They have to manage the catheter in their daily lives at home  
⇒ Patients need instructions on how to manage the catheters and how to recognise complications
- There are no general rules on the ward on what kind of information or instructions should be given to the patients  
⇒ The quality of patient education depends on the knowledge and competence of the responsible nurse
- Nurses have to deal with the increasing need for patient education while at the same time the duration of the hospital stay is reduced

## Method:

- The question was: “When being released from the hospital with indwelling catheters, what information and instructions do patients need from the nurses before discharge?”
- We researched the following topics: indwelling catheter, counselling, patient education, discharge and discharge management
- Finally the results of the literature research were compared to the analysis of one patient case

## Objectives:

- To find out what kind of skills patients have to train and what kind of information and counselling patients need to handle the catheters independently and safely at home
- To provide uniform and complete education
- To simplify patient education for nurses
- To improve the quality of patient education
- To decrease complications associated with the catheter at home

## Results:

- Educational and training needs of patients can be classified in the following categories:  
⇒ Acquisition of skills concerning the handling of the drainages  
⇒ Acquisition of knowledge to prevent complications and to react adequately to potential problems
- The results are presented as an educational checklist (Tabl. 1) which includes the risks and possible complications which can occur due to the indwelling and suprapubic catheters at home as well as the skills needed to handle the catheters. The checklist has been complemented so that it can be used to educate patients with nephrostomies as well
- Provision is made for the checklist to be established in the department and to have the nurses trained in its application

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**Educational Checklist for Discharge with:**

Indwelling Catheter     Suprapubic Catheter     Nephrostomy Tube

Knowledge / Resource:  
 Patient is Experienced     Patient has no Knowledge about Catheter

Knowledge	Inform:	Skills	Inform:	Check:	Independent:
	Date		Date	Date	Date
	Initials		Initials	Initials	Initials
<b>Prevent Infections</b>					
Emptying urine bag: Handle it in a proper way, avoid contact with the toilet / collecting device; empty the bag before urine gets in contact with the valve		Emptying the urine bag Handling the valve			
Daily intimate hygiene with indwelling catheter, removal of incrustation		With indwelling catheter: Intimate hygiene			
Showers allowed. If there is a wound dressing, change afterwards		Changing urine bags according to instruction leaflet			
Drink sufficiently so that urine volume is between 1,5 - 2 l/24h. Urine has to be a light yellow colour		Training of skills to handle the catheter: Use instruction boxes			
Do not disconnect catheter from bag. Exceptions: When the bag needs to be changed or the catheter needs to be rinsed		With suprapubic / nephrostomy catheter: Wound care according to instruction leaflet			
<b>Observe Urine Flow</b>					
Fixing the catheter: - Avoid a siphon - Avoid kinking of the catheter or drainage system - Fix the urine bag below the level of the bladder, without contact to the floor		Fixing urine bag Handling of „Leggix“			
Indwelling / suprapubic catheter: Only rinse when the catheter is blocked or if there are special urological indications		Rinsing of the bladder according to instruction leaflet; „Rinsing the bladder at home“ (if indicated)			
Indwelling catheter: For long-term placement the catheter balloon has to be checked by a home care nurse once a week. If the balloon is filled with a liquid with glycerine this is only necessary every 6 weeks		Record volume of urine; if indicated record residual urine volume			

Tabl. 1

## Conclusion:

- Systematic and standardized procedures heighten efficiency and quality:  
⇒ Patient education is simplified (for nurses)  
⇒ Patient education is improved in a uniform / standardised method
- It is expected that the introduction of the checklist will have the following effects:  
⇒ Standardisation of the procedures: Each patient receives the same information and training  
⇒ Patients handle the catheter safely at home so that complications will be rare  
⇒ Promotion of quality assurance