

Clinical Procedure for the Management of Foreign Body in Urethra / Bladder

For use in:	Wards and A&E
By:	All Medical staff
For:	Junior Doctors / Specialist Nurses / Physician Associates
Division responsible for document:	Surgical Division
Key words:	Foreign body, urethra, bladder
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If Yes - does the strategy/policy deviate	No

Clinical Procedure for: The Management of foreign body in urethra / bladder

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from the recommendations of NICE? If so why?	
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Version and Document Control:

Version Number	Date of Update	Change Description	Author
1.1	27/07/2020	Monitoring compliance wording added.	Melissa Gabriel

This is a Controlled Document

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Objective

To ensure eligible staff safely undertake management of foreign body in urethra / bladder.

Rationale

This document was written to enable staff to follow the correct procedure for foreign body in urethra / bladder according to current agreed evidence based clinical practice in the urology department.

Presentation

Most foreign bodies in the lower genitourinary tract are self-inserted via the urethra as the result of exotic impulses, psychiatric problems, sexual curiosity, or sexual practice while intoxicated. Occasionally patients with a psychiatric history of such behaviour can do this repeatedly. Examples of such foreign bodies are wire, screws, or a ball point pen. Patients often present explaining that they have inserted a foreign body into their urethra.

Investigation

Diagnosis of these foreign bodies can be done by clinical history, physical examination, and radiological imaging.

KUB X Ray and cystoscopy are the standard approach for diagnosing and removing foreign bodies in the bladder. CT or MRI scans may occasionally be required.

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If an intra-urethral or intra-vesical foreign body is confirmed, then the patient should be prepared for theatre in the usual manner. This surgery could be performed on the next available elective operating list.

Management

Foreign bodies can remain for a long time with minimal discomfort. In most cases, however, the foreign body causes lower abdominal (bladder) or urethral pain, urinary frequency, dysuria, haematuria, and urinary tract infection.

The treatment of foreign bodies is determined by their size, location, shape, and mobility. Procedures to remove such foreign bodies completely should be as simple as possible and result in minimal damage to the bladder and urethra. In most cases endoscopic removal is recommended. In some cases, open surgical treatment should be undertaken if it is considered that the foreign bodies cannot be removed safely using an endoscopic approach. Bladder stones can sometimes develop in chronic cases of intra-vesical foreign bodies.

Monitoring compliance

To ensure that this document is compliant with the above standards any adverse outcomes will be entered onto Datix and reviewed by the Departmental Governance Team who will ensure that these are investigated and are discussed at relevant governance meetings to review the results and make recommendations for further action.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of the urology department who have agreed the final content.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

References

No references were applicable