

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

Document Control:

For Use In:	Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL)		
	All clinical areas		
Search Keywords	Foreign body, urethra, bladder		
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Document Owner:	Norfolk and Waveney Urology Clinical Network Governance meeting.		
Approved By:	Clinical Guidelines Assessment Panel		
Ratified By:	Clinical Safety and Effectiveness Sub-board		
Approval Date:	NNUH: 19 th October 2024 QEHKL: 18 th June 2024 JPUH: 18 th June 2024	Date to be reviewed by: This document remains current after this date but will be under review	19 th October 2027
Implementation Date:	19 th October 2024		
Reference Number:	16927		

Version History:

Version	Date	Author	Reason/Change
V.1	10/12/2019	Neil Burgess	To originate document
V1.1	27/07/2020	Melissa Gabriel	Monitoring compliance wording added.
V2	18/06/2024	Hany Hussein	Assessment and investigations added. Reformatting as per new trust template requirements.

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Note which Trust, where applicable.

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Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

- Miss Charlotte Dunford, Consultant Urologist (NNUH)
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- Mr. Petre Ilie, Consultant Urologist (QEHKL)
- Mr. David Manson-Bahr, Consultant Urologist (JPUH)

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL); please refer to local Trust's procedural documents for further guidance.

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

Contents Page

1.Introduction	4
1.1.Rationale	4
1.2.Objective	4
1.3.Scope	4
1.4.Glossary	4
2.Responsibilities	4
3.Policy Principles.....	4
3.1.Assessment.....	4
3.2.Investigations.....	5
3.3.Management.....	5
4.Monitoring Compliance	5
5.Appendices.....	5
6.Equality Impact Assessment (EIA)	6

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

1. Introduction

1.1. Rationale

Foreign bodies in the urethra and bladder pose a unique challenge in urological practice. They can result from accidental insertion, iatrogenic causes, or intentional self-insertion, often leading to complications such as urinary tract infections, urethral trauma, and obstruction. Managing these cases requires a multidisciplinary approach to alleviate patient discomfort as well as to prevent complications that can lead to increased morbidity and healthcare utilisation.

1.2. Objective

This guidance has been created to provide healthcare providers with a systematic approach to identifying, assessment and management of foreign body in urethra or bladder in accordance with current evidence based clinical practice for enhancing patient safety, standardizing care practices, and improving overall outcomes.

1.3. Scope

This guidance applies to all adult patients over 18 years of age presenting with foreign bodies in the urethra/bladder which necessitates a thorough clinical procedure to ensure timely intervention, minimize complications, and address any underlying psychological issues.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
CT	Computed Tomography
MRI	Magnetic Resonance Imaging

2. Responsibilities

All medical staff and allied healthcare professionals involved in the care of patients with foreign body in the urethra/bladder should be aware of the recommendations contained in this guidance. Staff must always ensure they have appropriate training and gained the necessary competencies before undertaking any invasive procedures.

3. Policy Principles

3.1. Assessment

- 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.

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

3.2. Investigations

- 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.
- 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.

3.3. 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.

4. 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.

5. Appendices

There are no appendices for this document.

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

6. Equality Impact Assessment (EIA)

Type of function or policy	Existing
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Division	Surgical	Department	Urology
Name of person completing form	Hany Hussein	Date	18/06/2024

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	NA	No
Pregnancy & Maternity	None	None	NA	No
Disability	None	None	NA	No
Religion and beliefs	None	None	NA	No
Sex	None	None	NA	No
Gender reassignment	None	None	NA	No
Sexual Orientation	None	None	NA	No
Age	None	None	NA	No
Marriage & Civil Partnership	None	None	NA	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?		No		

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.