Letters to the Editor.


A technique of minimizing catheter-associated urinary tract infections in patients with urinary incontinence

Urinary incontinence can be managed by closed urine drainage using indwelling catheter collection. But very often this is complicated by catheter-associated urinary tract infection. These infections can be of severe consequences, especially in patients with spinal cord injury. Minimising or preventing these infections is a priority in the management of such patients. This can be achieved by a technique of closed drainage without indwelling catheter.

**The technique**

This technique is suitable for only adults. The materials required include: condom, urine bag, adhesive plaster, cotton bandage, surgical gloves.

**Procedure**

The condom is worn on the phallus and anchored to the penis with adhesive plaster. Its proximal ring is cut to eliminate tourniquet effect. A cotton bandage is applied over the condom, so that the glans is visible within the condom (figure 1). The bandage strengthens the anchoring adhesive plaster and has no tourniquet effect. The connecting tube of the urine bag is passed into the tip of the condom and the entering point is sealed with adhesive plaster. In this way a ‘funnel’ effect is created and this directs urine into the urine bag.

**Precautions**

The phallus may ulcerate as a result of irritation from urine and hypersensitivity to the adhesive plaster. This ulceration can be prevented by frequent inspection, change of condom and careful positioning of the adhesive plaster. A Foley’s catheter may be retained for a few days while allowing for any ulceration to heal.

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**References**