

Coudé / Tiemann Urinary Catheters

The Pipeline is a publication of Urology Nurses of Canada.

The Pipeline is published each winter and summer for UNC members and sponsors and is also located at www.unc.org.

The Pipeline is looking for articles for publication about new initiatives in urology, latest technology, clinical research and evaluation, local chapter activities, patient and community resources.

Deadline for next issue:

Oct. 15, 2018

Contact the Pipeline Editors:

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As urology nurses we see a diverse group of patients; many of which have complicated and multifaceted urinary issues. Difficult catheterization is one of the many urological issues we face.

Challenging catheterizations can present in both male and female populations and often require skilful techniques by senior members of the nursing staff.

We are seeing larger numbers of senior patients living well into their eighties and beyond. With that, however, we are also seeing more health related issues, including urological issues such as Benign Prostatic Hyperplasia (BPH).

BPH can make it difficult to urinate as it causes outlet obstruction which can lead to urinary retention. The symptoms often come on slowly so they are all too often ignored until the person is in sudden distress and in retention. This might be the first time this patient becomes acquainted with a catheter. If you are the person tasked with inserting the catheter, the way in which you handle this procedure can impact the patient for years to come.

Tiemann or Coude catheters have long been considered the Urologists' magic wand but nurses can use them just as effectively with training/ instruction. They are a wonderful tool and when used appropriately they can save a person from urethral trauma and an extremely painful catheterization. So what makes this type of catheter so special? It is all in the tip. The curved tip helps to guide the catheter around the obstruction and over the anterior lobe of the prostate. It also tends to be firmer than a regular straight tip catheter, allowing it to pass through the obstructed or narrowed area (i.e. prostatic obstruction) more easily. Because the tip tends to be firmer, it is possible to cause urethral or prostatic trauma if the catheter is not used correctly or if used with too much force.

The following is an excerpt from *Horizon Health Network Policy & Procedure Manual for the Insertion of a Curved Tip (Coudé or Tiemann) Urinary Catheter*, policy number HHN-CL-NU041. This policy was developed by the author for Horizon Health Network in 2017.

1. Refer to *Clinical Nursing Skills and Techniques* by Perry and Potter for procedures related to insertion of a catheter.
2. Examine the type of curved tip urinary catheter (Coudé/Tiemann) brand being used. Note what orientation tool is used by that brand to ensure that upon insertion the catheter tip is up.
 - 2.1 Curved tip (Coudé/Tiemann) indwelling catheters – On some brands look for a thin line imbedded within the Coudé; this is the balloon lumen and is on the same side as the upward tip. Keep this line up, and the tip will be up. As required, rotate the indwelling catheter within the urethra to maintain position.
 - 2.2 Curved tip straight catheters – These often have no lines; keep the catheter as straight as possible. As required, rotate the catheter slightly in order to ease insertion.
 - 2.3 There may be a small knob or thin raised line at the drainage end of the catheter. This knob or raised line is another orientation tool. Note if the knob / line side is tip up or down as this can vary with the brand used.

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3. Perform the catheterization procedure as per current standard catheterization ensuring that the tip of the curved tip (Coudé/Tiemann) catheter is at the 12 o'clock position (pointed up towards the patient's umbilicus) throughout the insertion.
4. Gently advance the curved tip catheter into the urethra using a large amount of water-soluble lubricant. Do not use petroleum jelly.
5. Insert the curved tip as per normal catheterizations until urine return is obtained, then insert two to three inches more or all the way to the hub of the Foley **for males**.
 - 5.1 To ensure proper position of a curved tip catheter, let go of the catheter. If the catheter slides out, the proper position has not been obtained, even though there is urine return. The exception to this rule is if the patient is bearing down and pushing it out.
 - 5.2 If any doubts about position do **not** inflate the balloon. Reposition catheter and attempt insertion again. If doubts about proper placement persist, if there is ongoing resistance, or if bleeding occurs, stop and notify the physician/NP.
6. When proper position is identified, inflate the balloon, anchor the catheter ensuring there is no tension on the penis or urethra and attach to drainage bag. If doing a straight in and out, remove catheter once bladder has been drained.

Troubleshooting:

If the catheter cannot pass the sphincter due to the patient's dyssynergia or anxiety:

1. Advise the patient to take deep breaths or use a different position (sitting or standing or lying).
2. If resistance is felt at the external sphincter, increase the traction on the penis to a 90 degree angle and apply a steady, gentle pressure on the catheter. Ask the patient to strain gently as if passing urine.
3. Hold the catheter against the internal sphincter (bladder neck); the sphincter will often relax allowing the catheter to pass after a short while.
4. If a small lumen catheter curls in the urethra use a slightly larger size. (Curling of the catheter is evident when the catheter appears to advance but not into the bladder neck. It tends to spring back when released.)

Hopefully you will find these instructions and tips helpful. If you have always been intimidated at the thought of using these types of catheters, you should familiarize yourself on your institution's Policy and Procedure and educate yourself further. When used appropriately they can make a world of difference.

Gina Porter RN, NCA

A short article based on my practice

I am a Registered Nurse (RN), working as a Case Manager (CM) in Alberta's Continuing Care System. I started my CM job about two and a half year ago. My variety of inpatient and outpatient work experience in adult, oncology, women's health and gerontology definitely helps my current practise in this field. There is special training required to become a CM, for example, RAI-HC (Resident Assessment Instrument for Home Care) competency training. RAI-HC is a comprehensive, standardised instrument for assessing the needs, strengths and preferences of older adults living in the community (Morris et al., 2002).

There are 3 types of care systems in Alberta: Home Living; Supportive Living; and Facility Living. I have the privilege to work with the geriatric population in the supportive living setting. Supportive living combines accommodation services with other supports and care, unlike facility living or long term care, medical complex and serious health care needs could be relatively low in supportive living.

Among all of the Activity of Daily Living (ADL) care management; it is not surprising that urine and fecal incontinence management is one of the common unmet care needs in my practise. When there is a supportive living client that requires nursing management of bladder and or bowel incontinence, there are a few steps that a CM will complete; they are as follows:

1. **Initiate assessment:** Review diagnosis and incontinence history with client and family, discuss with family

physician regarding possible pharmacology treatment. Start a three day bladder and bowel diary, keep track of the number of incontinence episodes; amount and type of fluid intake; number of incontinence products used.

2. **Clinical Nurse Specialist (CNS) Consult:** Send referral to CNS for recommendation/suggestion of incontinence management.
3. **Complete Integrated Nursing Care Plan to address incontinence management and intervention:** Review care plan with on-site Resource Coordinator and care implantation by care staff (LPN/HCA) such as toileting routine, cueing and redirecting for the cognitively impaired client.
4. **Education:** Teach cognitively intact client regarding life style and behavior modification and Kegel exercises to strengthen pelvic floor muscles.
5. **Follow up and reassess:** CNS follow up in three months and reassess as needed.

With the joint effort of client and nursing care team, improvement of incontinence and client satisfaction can always be achieved.

I find being a CM in the field of geriatrics very fulfilling because this specialty will discover a unique set of joys, challenges and rewards.

By GeMan Chen, RN, BN, CM



Urology Nurses of Canada

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UROLOGICAL EXCELLENCE CONFERENCE

A small illustration of a sailboat with a white sail and a multi-colored flag on the mast, sailing on a blue sea.

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UNC Chapter News and Updates

Halifax Chapter

The Halifax Chapter members have been devoting themselves to promoting the combined UNC/CUA Conference in Halifax on June 23-26th this year. Due to this they are not hosting their annual Dine and Learn event this Spring...but it will be back next year!

We hope to see everyone out to the UNC/CUA Conference this year instead!

By Emmi Champion

Edmonton Chapter

The Urology Interest Group will be hosting the 2018 Urology Daze on May 4th at the Chateau Louis Conference Centre in Edmonton. We have a number of interesting topics including:

The Gender Diverse Patient

Transgender Medicine for Modern Urology

Ambiguous Genitalia in Children

Erectile Dysfunction & Treatment Including Penile Prosthesis

Sacral Nerve Stimulators, Botox and Other Procedures for Female Incontinence &

Unconscious Bias

People can register online at:

<http://urologyinterestgroupedmonton.ca>

Submitted by:

Betty Ann Thibodeau

Pediatric Urology Nurse Practitioner

Chair of the Urology Interest Group in Edmonton

Newfoundland Chapter

The Newfoundland Chapter continues to work at arranging educational events several times per year. Last fall we had a meeting and watched excerpts of the Société Internationale d'Urologie (SIU) meeting in Lisbon, Portugal. We enjoyed a glass of wine while learning together. Another meeting is planned in May - "Pizza, Pop and Catheters!" Looking forward to another great time of learning together!

We have been spreading the word about the UNC/CUA Conference in Halifax and are hoping four of the nurses here will be able to attend.

Submitted by:

Sue Hammond

Saint John Chapter

The Saint John Chapter continues to meet at regular intervals. We are just in the preliminary stages of planning our annual educational Dine and Learn Event. We are working on sponsorship primarily before getting our speakers planned.

We have been promoting the UEC in Halifax by sending out mass mailings to all local hospitals, extramural offices, long term care facilities etc.

We hope that as the UEC/ CUA is in the Maritimes this year, we can encourage strong numbers to travel together to this wonderful educational event.

Submitted by:

Frankie Bates

2018 CALL FOR NOMINATIONS - *It is that time of year again!*

Time to think about nominations for the UNC Executive positions that are up for election this year. If you know of someone who would do a great job or you are interested in a position yourself, please forward the name and contact information along with the position nominated for, to Todd Bradley at membership@unc.org. Each person nominated will be contacted to ensure they are interested in having their name stand. They will then be required to submit a short bio that will be available to all those attending and voting at the UEC in Halifax in June. The duties for each position can be found in the constitution on the UNC web site. Nomination will also be accepted at the UEC prior to the Annual General Meeting.

The positions that are up for election this year are as follows: President, Vice- President Central, Vice- President West and Sponsorship as well as all the Provincial Representatives.

Please have nominations in to Todd Bradley by June 1, 2018 to allow for nominees to be contacted.

If you have any questions please feel free to contact any member of your UNC Executive.

Remember: *You must be present at the AGM and a member in good standing for the current year in order to vote. Show your support for the UNC and attend the UEC this year. Exercise your right to vote!*

Victoria Chapter

On Jan. 16 we had a Urology education night at Royal Jubilee Hospital from 7-9 p.m. Two urologists; Dr. Mike Metcalfe and Dr. Nathan Hoag presented. In attendance were 50 nurses from a variety of areas of the hospital. The urologists generously provided funding for the refreshments and treats. Many thanks to Savannah Schick for taking the lead in organizing the evening. Kari Massey introduced the presenters and created the certificates of attendance for nurse licensing board education credit.

Dr. Metcalfe discussed Enhanced Recovery after abdominal surgery and Dr. Hoag discussed urethral reconstruction. The presentations were well received and enhanced the attendee's knowledge of the field.

In a separate event on March 12 Dr. Linda Lee provided a lecture on Pediatric emergencies. Prior to the talk, Shirley Turcotte provided an overview of the UNC while Margaret Bartlett did introductions and thanked Dr. Lee. The presentation was very informative and prompted several questions from the attendees. The urologists once more provided refreshments.

For 2018 the urologists are sponsoring a total of six nurses to attend the CUA/UNC conference in Halifax from June 23-26, 2018. One nurse from each of 7AB, 7S, Victoria UNC and the RJH operating room, and two nurses from VGH operating room.

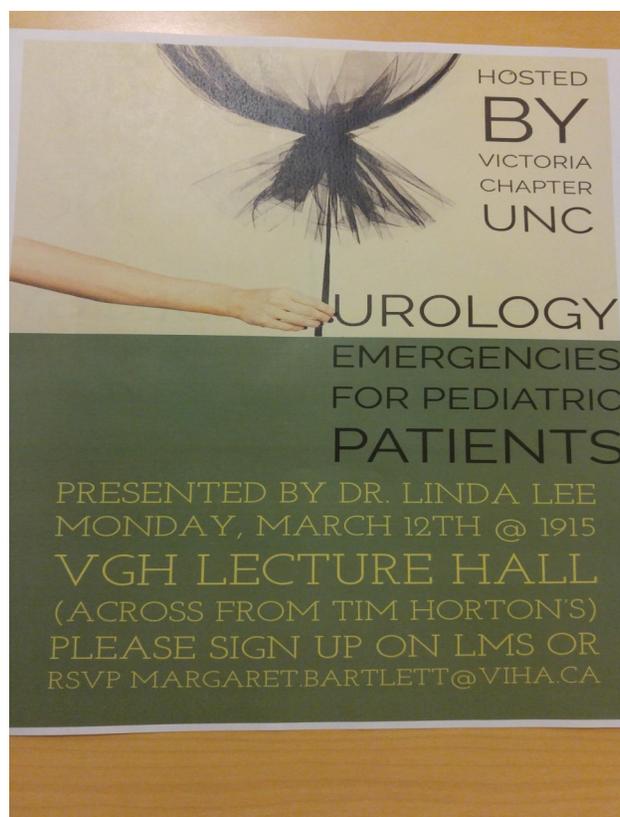
The urologists require that the nominees demonstrate a keen interest in urology and work within the field. In addition they must not have received previous sponsorship.

Savannah Schick and the Victoria UNC group would like to extend a special thank you to Dr. McAuley and the VIHA urologists for their generous support.

By Margaret Bartlett
UNC Victoria Chapter



Shirley Turcotte, Dr. Linda Lee and Margaret Bartlett



Calgary Chapter

The Calgary Chapter held a meeting on October 26th, 2017 at Alberta Children's Hospital. Dr. Fermin's presentation on Pediatric Urology was informative and interesting. Due to low attendance numbers, we have decided to stop meeting quarterly and put our efforts towards a urology day in October 2018. The date and agenda is yet to be decided. We also discussed attending the UNC (combined with the CUA) on June 23-26 in Halifax. We have submitted an abstract for a poster presentation to the Urological Excellence Conference from the UNC

Calgary chapter members on the topic "Using Stimulation to Manage Crisis Situations in Urologic Surgery". Another poster presentation that aims to identify what facilitates and inhibits client's Urinary Incontinence (UI) management in Supportive Living (A case study reflection) was also submitted. Members were reminded to renew their 2018 UNC membership before March 1st.

Submitted by:
GeMan Chen, RN, BN, CM

UNC Info

UNC Representatives 2016-2017

UNC Executive

President:	Gina Porter
Past President:	Frances Stewart
Vice-President West:	Carolyn Richardson
Vice-President Central:	Jan Giroux
Vice-President East:	Emmi Champion
Membership:	Todd Bradley
Sponsorship:	Frances Stewart
Treasurer:	Nancy Carson
Secretary:	Susan Freed

UNC Provincial Representatives

West:	British Columbia:	Courtney Ware
	Alberta:	Linda Brockmann
	Alberta:	Geman Chen
	Saskatchewan:	
Central:	Manitoba:	Jenna Stafford
	Ontario:	Susan Freed
	Ontario:	Wendy Anstey
	Quebec:	
East:	New Brunswick:	Frankie Bates
	Nova Scotia:	Tammy Bowles
	Newfoundland and Labrador:	Sue Hammond
	Prince Edward Island:	Tara Rose Stewart

How to form a local UNC Group

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for initial meeting).
3. Book meeting room.
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer.
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to The "Pipeline".

Local Chapter news info: www.unc.org

Victoria: Margaret Bartlett - margarettabartlett@gmail.com

Edmonton: Betty Ann Thibodeau -
bettyann.thibodeau@albertahealthservices.ca

Calgary: Carolyn Richardson - richardson.carolyn7@gmail.com

Toronto: Frances Stewart - bladderqueen@hotmail.com

Kingston: Todd Bradley - bradleyt@kgh.kari.net

Ottawa: Susan Freed - freeds@teksavvy.com

New Brunswick: Gina Porter - gina.porter@horizonnb.ca

Halifax: Emmi Champion - Emmi.Champion@nshealth.ca

Newfoundland: Sue Hammond - hammond_so@yahoo.ca

Coming Events

2018 Urology Daze

May 4, 2018

Chateau Louis Conference Centre
Edmonton, AB

UNC / CUA Joint Conference

June 23rd - 26th , 2018

Halifax Marriott Harbourfront Hotel
Halifax, NS

31st Annual UEC - Saturday June 23rd

73rd Annual CUA June 23rd PM to June 26th

Registration fee for UEC portion covers the Scientific Program of the CUA as well as Fun Night.

www.unc.org

www.cua.org

ICS 2018 PHILADELPHIA

48TH ANNUAL MEETING

August 28th - 31st, 2018
Philadelphia , USA

www.ics.org/2018

If your chapter or organization has an upcoming event that you would like to advertise in the Pipeline, submit the information with contact email to uncpipeline@hotmail.com

2017 Annual CANO/ACIO

October 26th - 29th, 2018

Prince Edward Island

www.cano-acio.ca

Society of Urologic Nurses and Associates:

SUNA UroLogic Conference

October 25th - 28th, 2018

Sheraton San Diego,
San Diego, CA, USA

www.suna.org

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WHAT DO ALL THESE ABBREVIATIONS MEAN????

AUA - American Urologic Association

AQIUU - Association Québécoise des Infirmières et Infirmiers en Urologie.

CANO/ACIO - Canadian Association of Nurses in Oncology

CUA - Canadian Urologic Association

ICS - International Continence Society

NCA - Nurse Continence Advisor

PCCN - Prostate Cancer Canada Network

SUNA - Society of Urology Nurses of America

UEC - Urological Excellence Conference

UNC - Urology Nurses of Canada

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