

## URETHRAL CATHETERISATION

### Supporting information

**This guideline has been prepared with reference to the following:**

NICE. Infection control, prevention of healthcare-associated infection in primary and community care. 2017. London. NICE

<http://www.nice.org.uk/guidance/cg139>

#### **Bladder washouts do not prevent bacteriuria and are unnecessary as part of routine catheter care?**

A 2017 systematic review of seven RCTs found that the evidence was not adequate to conclude if washouts were beneficial or harmful (Shepherd, 2017).

NICE Guidelines (2012) state that: "bladder instillations or washouts must not be used to prevent catheter associated infections".

A study of 120 routine catheter replacements not involving washouts (Bregenzer, 1997) found that bacteraemia occurred in only 5 cases (4.2%), which was not clinically significant.

Bladder washouts may be indicated in certain carefully-selected patients, either to remove blood clots from the bladder in a patient with haematuria or post TURP and TURBT, or to clear recurrent blockage, particularly if there is debris and/or stone formation. This should be performed only by a suitably experienced consultant (personal communication from Mr M Saxby, 16/12/06).

Bregenzer T, Frei R, Widmer AF, et al. Low risk of bacteremia during catheter replacement in patients with long-term urinary catheters. Arch Intern Med 1997;157:521-5

Shepherd AJ, Mackay WG, Hagen S. Washout policies in long-term indwelling urinary catheterisation in adults.. Cochrane Database Syst Rev. 2017 Mar 6;3:CD004012

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004012.pub5/full>

**Evidence Level: I**

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