Trial removal of catheter (TRC)

Information for patients and carers

NHS Grampian
Urology/Continence Service
What is a trial removal of catheter?

A trial removal of catheter is when a catheter (hollow tube) which has been inserted along your urethra (water pipe) is removed from the bladder for a trial period. This is done to find out if you are able to pass urine on your own.

![Diagram of bladder with catheter in place]

How is my catheter removed?

This is done by removing water from a small port on the side of the catheter allowing the balloon to deflate which kept your catheter in place. Once the water has drained, the catheter can be removed slowly from the bladder. This may be uncomfortable but not painful.
A nurse will remove your catheter. Usually this is done between 9am and 10am to allow time for us to fully assess how you’re getting on.

**What will happen once the catheter has been removed?**

We will encourage you to fill your bladder slowly by drinking sufficient fluid. This normally means drinking a glass or cupful of liquid every 45 to 60 minutes. We will ask you to keep a note of how much fluid you have taken and to measure the amount of urine you have passed. You can take fluids such as water, juice, milk, tea or coffee. However, fluids that contain caffeine such as tea/coffee or some fizzy juices may cause you to go to the toilet more often. A separate information leaflet is available (this leaflet is called “How to keep your bladder healthy”).

**Do I have to stay in hospital during this time?**

Not necessarily. You can leave the clinic/ward area but remain within the hospital grounds. This means you can return at any time if you are in any discomfort or find that you cannot pass water.

If you live within six miles of the hospital, you may be able to return home after the catheter has been removed. You should make sure that you can get back to the ward/clinic if you have any difficulties.
What happens next?

Three or four hours after the catheter has been removed, a nurse (either in the ward or over the telephone) will discuss your fluid intake and the amount of urine you have passed. At this time, the nurse may wish to scan your bladder to make sure it is emptying properly. However, if you have any discomfort or cannot pass urine before this time, you must contact your nurse immediately.

What happens if I can’t pass urine?

If you can’t pass urine, a new catheter may be inserted or you may be shown how to carry out intermittent self-catheterisation (where you insert the catheter yourself when you need to empty your bladder).

If you need to have a new catheter, you will be referred back to your consultant or specialist nurse for further advice and to discuss the best way forward for you.

If you choose to have self-catheterisation, your specialist nurse will provide you with everything you need for this and will continue to monitor your progress and subsequent outpatient appointments.

What if I need my catheter removed at home?

If you are at home and after discussion with your doctor and nurse, it’s decided your catheter needs removed, this will be done as described on pages 1, 2 and 3.
Points to note

• Drink 1½ to 2 litres (3 to 4 pints) of fluid each day.

• Drinking too much or too little can cause bladder problems

• When using the toilet, relax and take time to empty your bladder completely without straining.

• Avoid constipation as this can cause extra pressure on your bladder.

Who can I contact for more information?

Healthcare professional details

Name: 

Job title: 

Contact number:
This leaflet is also available in large print and on computer disk.

Other formats and languages can be supplied on request. Please call Quality Development on (01224) 554149 for a copy. Ask for leaflet 0969.

Feedback from patients and carers helped us to develop this leaflet. If you have any comments or suggestions about how we can improve this leaflet, please let us know.