Centre for Sustainable Delivery

NHS SCOTLAND

Modernising Patient Pathways Programme:

# Benign Prostatic Hyperplasia (BPH)

Review date: January 2029

## Background

The Modernising Patient Pathway Urology Speciality Delivery Group has been established to support and develop new and innovative ways to deliver Urology services across NHS Scotland.

Through Once for Scotland approaches for delivery of care, focus is on seeking opportunities to develop clinical pathways to reduce unwarranted variation of quality healthcare delivery and to sustainably improve waiting times for non-urgent care within Urology services. Speciality Delivery Groups have been established to engage and fully utilise the role of clinical leadership across NHS Scotland.

This pathway is aimed at biological men who were born male, but could also apply to transgender women, who have not had their prostate removed.

**Benign Prostatic Hyperplasia (BPH) Definitions**

**Acute urine retention**: A medical emergency where a person is abruptly unable to pass urine, experiencing a full bladder with significant discomfort or pain, often caused by a blockage in the urinary tract, such as benign prostatic hyperplasia (BPH).

**High pressure chronic urine retention**: An inability to empty the bladder completely over a prolonged period, resulting in significantly elevated pressure within the bladder, which can lead to complications such as hydronephrosis and renal impairment, and possibly nocturnal enuresis.

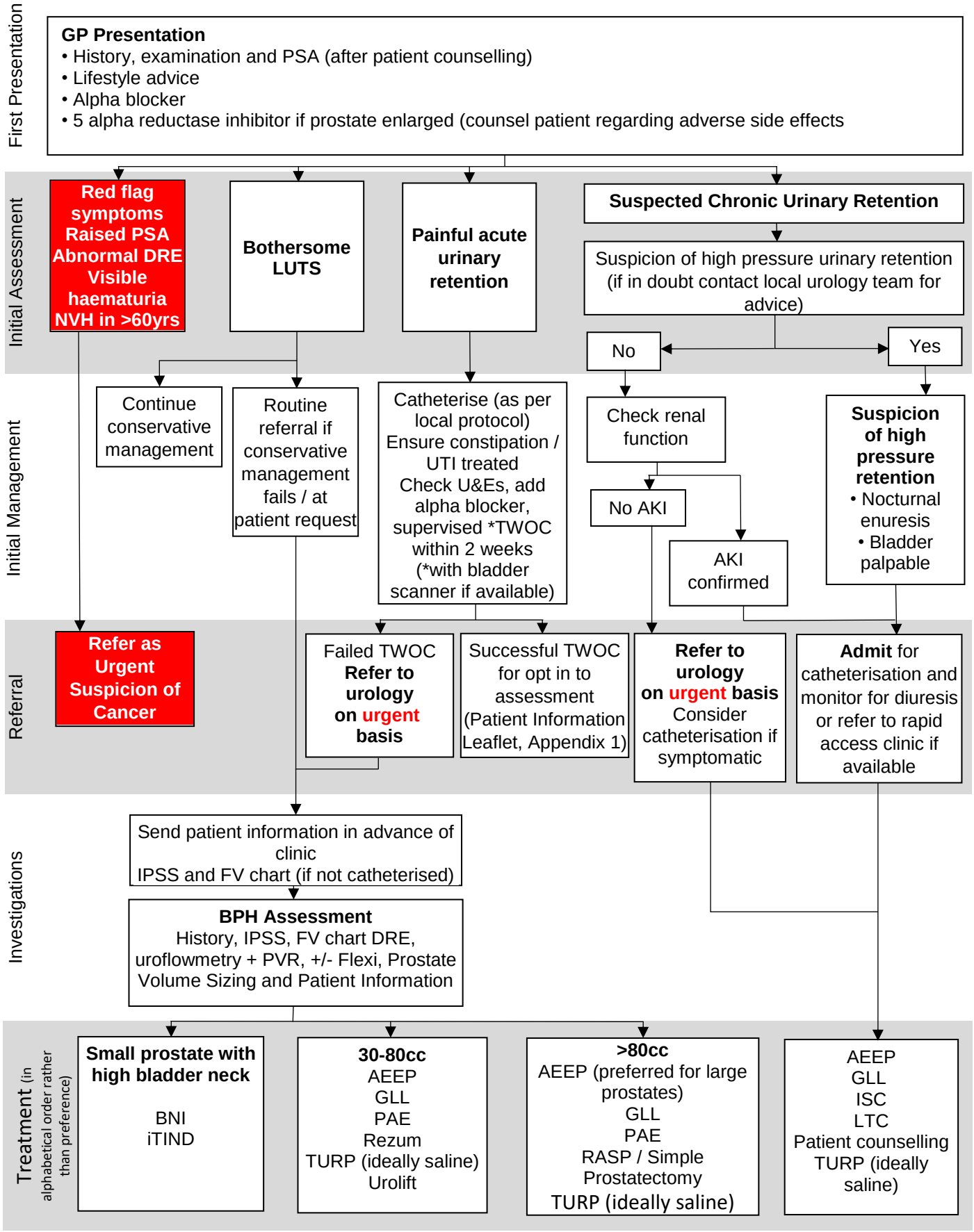
**Low pressure chronic urine retention:** A condition where a person is unable to completely empty their bladder over a long period of time, but without Acute Kidney Injury (AKI) or hydronephrosis.

**Benign Prostate Enlargement (BPE):** A descriptive terminology for a non-cancerous enlargement of the prostate that may or may not result in bothersome Lower Urinary Tract Symptoms (LUTS).

**Bladder outflow obstruction:** A condition in which there is a blockage or resistance to the normal flow of urine from the bladder. This obstruction can occur at any point along the urinary tract, typically at the level of the urethra or the bladder neck.

# Pathway recommendations

## Benign Prostatic Hyperplasia Pathway



## References and further resources

**References**

NHS England Decision tool:

https://www.england.nhs.uk/wp-content/uploads/2023/11/Decision-support-tool-making-a-decision-about-enlarged-prostate.pdf

Getting It Right First Time (GIRFT):

https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/09/Urology-Pathway_Bladder-outlet-obstruction-FINAL-V1-August-2023.pdf

**Glossary;**

**AEEP –** Anatomical Endoscopic Enucleation of the Prostate

**AKI –** Acute Kidney Injury

**BNI –** Bladder Neck Incision

**BPH –** Benign Prostatic Hyperplasia

**DRE –** Digital Rectal Examination

**FV –** Frequency Volume

**GLL –** Green Light Laser

**LTC –** Long-Term Catheter

**LUTS –** Lower Urinary Tract Symptoms

**IPSS –** Inferior Petrosal Sinus Sampling

**ISC** – Intermittent Self-Catheterisation

**iTIND –** Temporary Inserted Nitinol Device

**NVH –** Non-Visible Haematuria

**PAE –** Prostatic Artery Embolisation

**PSA –** Prostate-Specific Antigen

**PVR –** Post-Void Residual

**RASP** – Robotic Assisted Simple Prostatectomy

**Rezum –** Minimally invasive treatment using sterile water vapour to shrink enlarged prostate tissue

**TURP –** Transurethral Resection of the Prostate

**TWOC –** Trial Without Catheter

**U&Es –** Urea and Electrolytes

**Appendix 1**

*****Example – for adaptation in NHS Boards*****

## Trial without catheter (TWOC)

Patient information leaflet

This leaflet provides information for patients with a urinary catheter who are expecting their catheters to be removed, either in the urology clinic or in the community. It aims to answer the most common questions and manage patient expectations regarding the TWOC.

Note: This leaflet is tailored to NHS Highland due to its unique geography and long distances some patients may need to travel to their nearest hospital.

### What is TWOC?

It is the procedure of removing a urinary catheter. Catheters can be either urethral (catheters in the urine pipe) or suprapubic (catheter through the abdomen). Catheter removal must take place in a safe environment allowing the patient to manage outcomes of catheter removal. Following removal, it must be confirmed that a patient is able to pass urine spontaneously.

### Where can TWOC happen?

TWOC can be booked either in a hospital setting, for example, the Highland Urology Centre in Raigmore Hospital, the outpatient department in the rural General Hospitals, or in the community carried out by community nurses, either in GP practices or by home visit.

### How to prepare for TWOC?

Before your appointment, make sure to drink plenty of non-alcoholic fluids. If there are any symptoms of urinary infection or bleeding, please inform the nurse before your appointment.

### What does the TWOC involve?

When you attend the appointment the nurse will explain the process, verbally consent you to remove the catheter and explain the TWOC process fully.

The catheter stays in place by inflating a balloon, filled with water, inside the bladder. During the TWOC the nurse will deflate the balloon using an empty syringe and gently withdraw the catheter out of the urine pipe.

If the TWOC is arranged in a hospital setting, you will be asked to drink plenty of fluids and to pass urine twice. After each void your bladder will be scanned to make sure you are emptying your bladder satisfactorily.

If the TWOC is arranged in the community setting, the nurse will advise you to drink plenty of fluids and empty your bladder in the toilet. You will receive a follow-up phone call in the next few hours to check that you are emptying your bladder satisfactorily. If you are unable to pass urine the community nurse will advise you about the next step.

If you do not pass urine within 4 hours after the removal of the catheter; you are passing only small amounts of urine; you have abdominal pain; or have not yet received a phone call from your community nursing team, you should contact them as soon as possible.

**How would the TWOC be deemed successful?**

Either by confirmation of satisfactory bladder emptying on bladder scanner (hospital setting) or subjectively by receiving patient feedback on voiding (in community setting).

**What to look out for after a successful TWOC?**

You should drink plenty of fluids and empty your bladder regularly. You should also get in touch with your nurse, GP or out of hours service if you have any signs of infection or urine retention, for example;

- Difficulty or inability to pass urine
- Lower abdominal or back pain
- Blood in the urine
- High temperature
- Cloudy or smelly urine

**How to contact urology department?**

Tel:

Email:

For more information regarding TWOC please visit the British Association of Urological Surgeons (BAUS) website: www.baus.org.uk

Or simply scan the QR code provided to take you to the website;

http://rb.gy/lqlj3

[Clinician name and job role]

August 2025

**Appendix 2**

*****Example – for adaptation in NHS Boards*****

# Self removal of catheter: standard operating procedure

- Patient identified as suitable for self removal of catheter (sROC) by urology consultant.
- Urology consultant confirms required date of sROC.
- *sROC should not be carried out on Fridays, Saturdays or Sundays to reduce potential burden on community teams at the weekend.*

- Urology consultant discusses sROC with the patient and the patient agrees to proceed.

- sROC patient information leaflet provided by discharging nurse.
- No equipment is needed to be given to patient by hospital team – patient is advised in information leaflet to use ordinary scissors for catheter removal as procedure does not need to be sterile.
- Discharging nurse provides patient with contact number for their Community Nursing Team to be used in event of issue at time of sROC

- Discharging nurse phones patient's community nursing team to:
- 1) Alert them of patient being discharged with catheter and plan for sROC,
- 2) Confirm that chosen date is suitable.
- 3) Request community nursing team to phone patient around midday on agreed sROC date.
- If chosen day not suitable for Community Nursing Team, choose next available suitable day Monday - Thursday. Do not arrange sROC *before* the date stated by urology consultant.

- If patient does not pass urine by 4 hours post sROC, or is passing only small amounts of urine or has abdominal pain and they have not yet received a phone call from Community Nursing Team, patient should contact their Community Nursing team.

- During sROC pilot period (first 30 patients), urologist will email details of patient to Mike Shaw, urology practitioner, to arrange additional follow up phone call on sROC day in order to document success rate of sROC and to ascertain any system issues as they arise.
- Urologist adds patient's details to excel file in urology shared drive.

Version 2. C. Gunner, NHS Highland, June 2024.

**Appendix 3**

*****Example – for adaptation in NHS Boards*****

**Self Removal of Catheter (sROC) Patient Information**

| | | |
|---|---|---|
| [Patient name and CHI or attach patient label here] | Date for self-removal of catheter: | Telephone number for patient's Community Nursing team in event of sROC issue: |

You have been identified as a suitable patient for self removal of catheter.

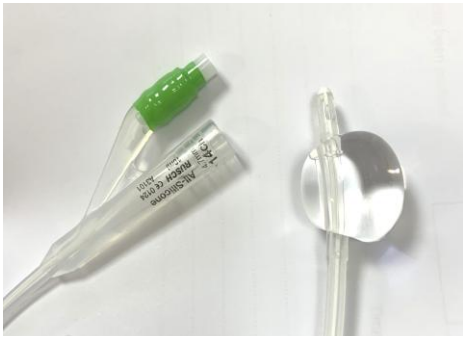
Only remove your catheter on the date advised by your surgeon, as indicated above. Early removal of catheter may result in health complications.

You should remove your catheter first thing in the morning, before or by 8am at the latest. This allows time for reinsertion of a catheter within working hours if you are not able to pass urine after the catheter has been removed.

When you are ready to remove your catheter, only on or after the date advised, please follow these steps:

1. Make sure you have recently moved your bowels. If you are constipated you may struggle to pass urine once your catheter has been removed. Drink plenty of water (around a glass per hour) on the day you remove your catheter.
2. Empty the catheter bag into the toilet and then either stand in the shower or on a towel. Using a pair of scissors, cut the coloured part of the catheter off, as shown below, and let go of the catheter.

**Your catheter is held in your bladder with a fluid filled balloon**



**Cut off the coloured part to drain the fluid and allow the catheter to fall out**

3. The fluid from the balloon that holds the catheter in the bladder will slowly trickle out of the cut tubing and the catheter will fall out by itself.
4. Put the catheter, tubing and drainage bag in your normal general waste bin.

If the catheter does not fall out, carry on with normal activities and it should fall out within the next few hours.

If you are unable to pass urine in the next 4 hours, if the catheter does not fall out within 4 hours or if you are passing only small amounts of urine and experience lower abdominal pain, please urgently contact your Community Nursing Team using the phone number at the top of this leaflet. You may need to have a catheter reinserted.

A video of the steps outlined above is available at tinyurl.com/catheterremoval or scan this QR code:

If you are happy to provide feedback on your experience we would be grateful if you could fill in an online questionnaire in order for us to improve our service. Please type this link into an internet browser to complete an anonymous questionnaire or scan the QR code below:

tinyurl.com/selfroc

V2. Department of Urology, Raigmore Hospital, NHS Highland. June 2024.

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